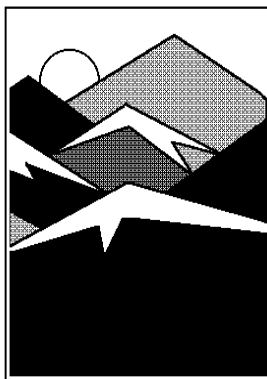


Chapter 388-805
Washington Administrative Code
Certification Requirements For Chemical Dependency Service Providers

WAC IMPLEMENTATION GUIDE (WIG)

WAC effective 10-25-2003
WIG effective 7-01-2004



Certification Section
Division of Alcohol and Substance Abuse
Department of Social and Health Services
State of Washington

WAC IMPLEMENTATION GUIDE

The Washington Administrative Code (WAC) Implementation Guide (WIG) has three columns to display the rules governing provision of certified chemical dependency services; to provide interpretive guidelines, background information, and general expectations; and to describe survey procedures generally used by Certification Specialists of the Department of Social and Health Services, Division of Alcohol and Substance Abuse (DASA).

The left column contains the WAC. These rules contain minimum standards for certification of chemical dependency service providers. They were developed with extensive participation of chemical dependency treatment professionals in coordination with related specialty and affected organizations.

The middle column, Interpretive Guidelines, gives information on the background of the rules, and provides interpretations and expectations of the WAC. It is intended to promote understanding of the WAC, improve consistency in interpretation and expectation by both providers and DASA staff, and decrease the need for detail in the WAC when some flexibility is appropriate.

The right column includes survey procedures, or methods that DASA Certification Specialists usually use to measure whether or not, or to what extent, service providers meet WAC requirements. The intent of providing this information is to inform providers of DASA's usual survey procedures and to promote consistency in practice. It can also serve as a training tool for new DASA staff, and be used for self-survey by providers.

This document may be updated when it is determined necessary to update or provide new information in the last two columns. Your suggestions are welcome. Address them to:

WAC Implementation Guide
Certification Section
Division of Alcohol and Substance Abuse
P.O. Box 45330
Olympia, WA 98504-5330
MAIN LINE: TOLL FREE 1-877-301-4557

DASA WEB SITE: <http://www1.dshs.wa.gov/DASA/>

To receive copies of the WIG, contact the **Washington State Alcohol/Drug Clearinghouse**, at **1-800-662-9111** (from within Washington State) or **(206) 725-9696** (from Seattle or outside Washington); or by fax **(206) 760-0589**.

E-Mail Address: clearinghouse@adhl.org

Web Site: <http://clearinghouse.adhl.org/>

TABLE OF CONTENTS WAC IMPLEMENTATION GUIDE

I. PURPOSE AND DEFINITIONS				388-805-105 388-805-110 388-805-115	What do I need to do for a change in ownership?... What do I do to relocate or remodel a facility?..... How does the department deem national accreditation?.....	25-26 26-27
388-805-001 388-805-005	What is the purpose of this chapter?..... What definitions are important throughout this chapter?.....	1 2-9		388-805-120 388-805-125 388-805-130	How does the department assess penalties?..... How does the department cancel certification?..... How does the department suspend or revoke certification?.....	27-28 28 28-29 29-30
II. APPLICATION FOR CERTIFICATION				388-805-135	What is the prehearing, hearing, and appeals process?.....	30-31
388-805-010 388-805-015 388-805-020 388-805-030 388-805-035 388-805-040 388-805-060 388-805-065 388-805-070 388-805-075	What chemical dependency services are certified by the department?..... How do I apply for certification as a chemical dependency service provider?..... How do I apply for certification of a branch agency or added service?..... What are the requirements for opiate substitution treatment program certification?..... What are the responsibilities for the department when a applicant applies for approval of an opiate substitution treatment program?..... How does the department determine there is a need in the community for opiate substitution treatment?..... How does the department conduct an examination of nonresidential facilities?..... How does the department determine disqualification or denial of an application?..... What happens after I make application for certification?..... How do I apply for an exemption?.....	9-11 11-14 14-15 15-16 16-17 17-18 18-19 19-20 21 21		V. ORGANIZATIONAL STANDARDS		
				388-805-140 388-805-145 388-805-150 388-805-155	What are the requirements for a provider's governing body?..... What are the key responsibilities required of an agency administrator?..... What must be included in an agency administrative manual?..... What are the requirements for provider facilities?...	31-32 32-33 33-36 36
III. CERTIFICATION FEES				VI. HUMAN RESOURCE MANAGEMENT		
388-805-080 388-805-085 388-805-090 388-805-095	What are the fee requirements for certification?..... What are the fees for agency certification?..... May certification fees be waived?..... How long are certificates effective?.....	22 22 22-23 23		388-805-200 388-805-205 388-805-210	What must be included in an agency personnel manual?..... What are agency personnel file requirements?..... What are the requirements for approved supervisors of persons who are in training to become a chemical dependency professional trainees?.....	37-39 39-42 42-43
IV. MAINTAINING CERTIFICATION				388-805-220 388-805-225 388-805-230 388-805-240 388-805-250 388-805-260	What are the requirements to be a probation assessment officer?..... What are the requirements to be a probation assessment officer trainee?..... What are the requirements for supervising probation assessment officer trainees?..... What are the requirements for student practice in treatment agencies?..... What are the requirements to be an information school instructor?..... What are the requirements for using volunteers in a treatment agency?.....	43-44 44 44 44-45 45 45
388-805-100	What do I need to do to maintain agency					

TABLE OF CONTENTS WAC IMPLEMENTATION GUIDE

VII. PROFESSIONAL PRACTICES	certification?.....	24-25		388-805-610	What are the requirements for intensive outpatient treatment services?.....	73-74
				388-805-620	What are the requirements for outpatient services?.....	74
388-805-300				388-805-625	What are the requirements for outpatient services for persons subject to RCW 46.61.5056?.....	75
388-805-305	What must be included in the agency clinical manual?.....	45-50		388-805-630	What are the requirements for outpatient services in a school setting?.....	76
388-805-310	What are patients' rights requirements in certified agencies?.....	50-54		388-805-640	What are the requirements for providing off-site chemical dependency treatment services?.....	76-77
388-805-315	What are the requirements for chemical dependency assessments?.....	54-56		388-805-700	What are the requirements for opiate substitution treatment program providers?.....	77
388-805-320	What are the requirements for treatment, continuing care, transfer, and discharge plans?.....	57-59		388-805-710	What are the requirements for opiate substitution medical management?.....	77
388-805-325	What are the requirements for a patient record system?.....	59-60		388-805-715	What are the requirements for opiate substitution medication management?.....	78
388-805-330	What are the requirements for patient record content?.....	61-63		388-805-720	What are the requirements for drug testing in opiate substitution treatment?.....	79
	What are the requirements for reporting patient noncompliance?.....	64		388-805-730	What are the requirements for opiate substitution treatment dispensaries?.....	79
VIII. OUTCOMES EVALUATION				388-805-740	What are the requirements for opiate substitution treatment counseling?.....	79-80
388-805-350				388-805-750	What are the requirements for opiate substitution treatment take-home medications?.....	80-81
	What are the requirements for outcomes evaluation?.....	65		388-805-800	What are the requirements for ADATSA assessment services?.....	81
IX. PROGRAM SERVICE STANDARDS				388-805-810	What are the requirements for DUI assessment providers?.....	81-82
388-805-400				388-805-815	What are the requirements for DUI assessment services?.....	82
388-805-410	What are the requirements for detoxification providers?.....	65		388-805-820	What are the requirements for alcohol and other drug information school?.....	82-83
388-805-500	What are the requirements for detox staffing and services?.....	65-67		388-805-830	What are the requirements for information and crisis services?.....	83-84
388-805-510	What are the requirements for residential providers?.....	67		388-805-840	What are the requirements for emergency service patrol?.....	84-85
388-805-520	What are the requirements for residential providers admitting youth?.....	67-70		388-805-850	What are the requirements for treatment accountability for safer communities (TASC) providers and services?.....	85-86
388-805-530	What are the requirements for youth behavior management?.....	70-72		APPENDICES		
388-805-540	What are the requirements for intensive inpatient services?.....	72		APPENDIX A	CHILD ABUSE AND NEGLECT REPORTING	
388-805-550	What are the requirements for recovery house services?.....	72-73		APPENDIX B	REPORTING ABUSE, NEGLECT, ABANDONMENT, AND FINANCIAL EXPLOITATION OF A VULNERABLE ADULT	
388-805-600	What are the requirements for long-term treatment services?.....	73		APPENDIX C	CRIMINAL BACKGROUND CHECKS	
				APPENDIX D	REASONABLE SEARCHES	
				APPENDIX E	WEB SITES	

TABLE OF CONTENTS
WAC IMPLEMENTATION GUIDE

	What are the requirements for outpatient providers?.....	73		APPENDIX F	ACRONYMS AND ABBREVIATIONS	
--	--	----	--	------------	----------------------------	--

TABLE OF CONTENTS
WAC IMPLEMENTATION GUIDE

WAC-388-805
CERTIFICATION REQUIREMENTS FOR CHEMICAL DEPENDENCY SERVICE PROVIDERS

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
SECTION I. PURPOSE AND DEFINITIONS		
<p>WAC 388-805-001 What is the purpose of this chapter?</p> <p>These rules describe the standards and processes necessary to be a certified chemical dependency treatment program. The rules have been adopted under the authority and purposes of the following chapters of law.</p> <p>(1) Chapter 10.05 RCW, Deferred Prosecution -- Courts of Limited Jurisdiction;</p> <p>(2) Chapter 46.61 RCW, Rules of the Road;</p> <p>(3) Chapter 49.60 RCW, Discrimination -- Human Rights Commission;</p> <p>(4) Chapter 70.96A RCW, Treatment for Alcoholism, Intoxication and Drug Addiction; and</p> <p>(5) Chapter 74.50 RCW, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA).</p>	<p>RCW 10.05, The Deferred Prosecution Law, requires assessments, treatment, and reports by approved (DASA certified) agencies.</p> <p>RCW 46.61, Rules of the Road, relates to DUI, assessments, alcohol and drug information school, and treatment by certified providers.</p> <p>RCW 49.60.010, "The legislature hereby finds and declares that practices of discrimination against any of its inhabitants because of race, creed, color, national origin, families with children, sex, marital status, age, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person are a matter of state concern, that such discrimination threatens not only the rights and proper privileges of its inhabitants but menaces the institutions and foundation of a free democratic state."</p> <p>RCW 49.60 supports cultural diversity, sensitivity, and awareness through employment practices and service delivery, and needs to be considered throughout these rules. Makes it an unfair practice to refuse to make reasonable accommodations to persons with disabilities.</p> <p>RCW 70.96A is the primary law relating to the department's responsibilities and authority to implement chemical dependency treatment services. It gives authority for promulgation of WACs, fees, penalties, treatment services, involuntary treatment, the Citizens Advisory Council on Alcoholism and Drug Addiction, county coordination, opiate dependency treatment, and operational matters.</p> <p>RCW 74.50 establishes criteria for ADATSA funded services including eligibility. It requires assessments, treatment, and support services, and sets priorities for treatment of pregnant women and parents of young children.</p> <p>The Omnibus Controlled Substance and Alcohol Abuse Act of 1989 provided funds for residential treatment and transitional housing for pregnant women and their young children, and for childcare, but reference their treatment priorities in RCW 74.50. ADATSA is implemented through WAC 388-800.</p>	<p>Certification staff of the Division of Alcohol and Substance Abuse (DASA) will be informed about the content of these laws and will maintain paper or electronic copies thereof for references when conducting on-site certification surveys.</p> <p>For copies of RCWs and WACs, call the Legislative Bill Room at (360) 786-7573, or the Legislative Hotline at 1-800-562-6000, or visit the Washington State Code Reviser Web Site at http://slc.leg.wa.gov</p> <p>RCWs and WACs are also available at your local library.</p> <p>For copies of this WAC Implementation Guideline (WIG), call the Washington State Alcohol/Drug Clearinghouse at 1-800-662-9111 (if calling from within Washington State) or (206) 725-9696 (from Seattle or outside Washington.)</p>

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
WAC 388-805-005 What definitions are important throughout this chapter?		
" Added service " means the adding of certification for chemical dependency levels of care to an existing certified agency at an approved location.	Refer to WAC 388-805-020, certification requirements for a branch agency or added service.	
" Addiction counseling competencies " means the knowledge, skills, and attitudes of chemical dependency counselor professional practice as described in Technical Assistance Publication No. 21, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services 1998.	Refer to WAC 388-805-140, governing body requirements.	For copies of Technical Assistance Publication (TAP) 21, <u>Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice</u> , contact the National Clearinghouse for Alcohol and Drug Information (NCADI), 1-800-729-6686; TTY (For Hearing Impaired) 1-800-487-4889. Also see: Northwest Frontier Addiction Technology Transfer Center, 3414 Cherry Avenue NE, Salem, OR 97303. Telephone: (503) 373-1322, Fax: (503) 373-7348. E-Mail: nfatc@open.org . Web Site: http://www.open.org/nfatc .
" Administrator " means the person designated responsible for the operation of the certified treatment service.	Refer to WAC 388-805-145, key responsibilities of an agency administrator	
" Adult " means a person eighteen years of age or older.		
" Alcoholic " means a person who has the disease of alcoholism.	This definition is similar to RCW 70.96A.020 (1)	
" Alcoholism " means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.	<ul style="list-style-type: none"> This definition was developed by a joint committee of the National Council on Alcoholism and Drug Dependence (NCADD) and the American Society of Addiction Medicine (ASAM), and published in <i>Counselor</i> magazine (1992). Also refer to RCW 70.96A.020(2). 	
" Approved supervisor " means a person who meets the education and experience requirements described in WAC 246-811-030 and 246-811-045 through 246-811-049 and who is available to the person being supervised.		
" Authenticated " means written, permanent verification of an entry in a patient treatment record by means of an original signature including first initial, last name, and professional designation or job title, or initials of the name if the file includes an authentication record, and the date of the entry. If patient records are maintained electronically, unique electronic passwords, biophysical or passcard equipment are acceptable methods of authentication.	Rubber stamps and unsigned typed names are not acceptable. Penciled records are not permanent and therefore not acceptable. Originals, copies of originals, and electronic documents that are secured by electronic passwords, biophysical or passcard equipment are acceptable.	
" Authentication record " means a document which is part of a patient's treatment record, with legible identification of all persons initiating entries in the treatment record, and includes: (1) Full printed name; (2) Signature including the first initial and last name; and (3) Initials and abbreviations indicating professional designation or job title.	Job titles would be used only for persons not having a professional designation. Professional designations include, but are not limited to CDP, CDPT, MD, RN, LPN, MHP, and so on.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
" Bloodborne pathogens " means pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).	See Labor and Industries rules relating to bloodborne pathogens (BBP), WAC 296-62-08001 (2). Also available at Washington State Department of Labor and Industries' Web Site: http://www.lni.wa.gov .	
" Branch site " means a physically separate certified site where qualified staff provides a certified treatment service, governed by a parent organization. The branch site is an extension of a certified provider's services to one or more sites.	<ul style="list-style-type: none"> • A site where chemical dependency treatment services is the primary purpose of the agency. • Refer to WAC 388-805-020, certification requirements for a branch agency or added service. 	
" Certified treatment service " means a discrete program of chemical dependency treatment offered by a service provider who has a certificate of approval from the department of social and health services, as evidence the provider meets the standards of chapter 388-805 WAC.		
" Change in ownership " means one of the following conditions: (1) When the ownership of a certified chemical dependency treatment provider changes from one distinct legal entity (owner) to a distinct other; (2) When the type of business changes from one type to another; or (3) When the current ownership takes on a new owner of five percent or more of the organizational assets.	Refer to WAC 388-805-105, change of ownership.	
" Chemical dependency " means a person's alcoholism or drug addiction or both.		
" Chemical dependency counseling " means face-to-face individual or group contact using therapeutic techniques that are: (1) Led by a chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP; (2) Directed toward patients and others who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and (3) Directed toward a goal of abstinence for chemically dependent persons.		
" Chemical dependency professional " means a person certified as a chemical dependency professional by the Washington state department of health under chapter 18.205 RCW.	<ul style="list-style-type: none"> • Individuals obtain CDP certificates by making application for the certificate through the Chemical Dependency Professionals Program, Department of Health. Applicants can order a CDP application by calling (360) 236-4700. • Refer to DOH WAC 246-811, chemical dependency professionals. 	Applications and other information about the CDP Program are also available at Web Site: https://fortress.wa.gov/doh/hpqa1/hps7/chemical_dependency/default.htm .
" Child " means a person less than eighteen years of age, also known as adolescent, juvenile, or minor.	Also see definition "Adult, young" and "Youth." RCW 70.96A.020 (20) defines "minor" as under 18. RCW 13.04.011 (2), Basic Juvenile Court Act. RCW 13.32A.030(4), Family Reconciliation Act.	
" Clinical indicators " include, but are not limited to, inability to maintain abstinence from alcohol or other nonprescribed drugs, positive drug screens, patient report of a subsequent alcohol/drug arrest, patient leaves program against program advice, unexcused absences from treatment, lack of participation in self-help groups, and lack of patient progress in any part of the treatment plan.		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
" Community relations plan " means a plan to minimize the impact of an opiate substitution treatment program as required by the Center for Substance Abuse Guidelines for the Accreditation of Opioid Treatment Programs, section XVIII.		
" County coordinator " means the person designated by the chief executive officer of a county to carry out administrative and oversight responsibilities of the county chemical dependency program.	Per RCW 70.96A.320(2) and described in RCW 70.96A.310.	
" Criminal background check " means a search by the Washington state patrol for any record of convictions or civil adjudication related to crimes against children or other persons, including developmentally disabled and vulnerable adults, per RCW 43.43.830 through 43.43.845 relating to the Washington state patrol.	<ul style="list-style-type: none"> • Refer to WAC 43.43.830(5) for crime against children or other persons and RCW 74.34 for abuse of vulnerable adults. • Contact the Washington State Patrol, Identification Section, for copies of the forms to be submitted to obtain background check information. Call (360) 705-5100. See Appendix C. • For a copy of the Background Check Resource Guide for DASA Certified and Contracted Agencies, August 2004, contact the Washington State Alcohol Drug Clearinghouse at http://clearinghouse.adhl.org/. 	
" Critical incidents " includes serious injury or sexual assault of patients, staff members, or public citizens on the premises; a natural disaster presenting a threat to facility operation or patient safety; a bomb threat; a break in or a burglary of patient identifying information; suicide attempt at the facility; or, a case alleging abuse or neglect of an adult patient by an agency staff member that was not resolved by the agency's grievance procedure.		
" CSAT " means the Federal Center For Substance Abuse Treatment, a Substance Abuse Service Center of the Substance Abuse and Mental Health Services Administration.		
" Danger to self or others ," for purposes of WAC 388-805-520, means a youth who resides in a chemical dependency treatment agency and creates a risk of serious harm to the health, safety, or welfare to self or others. Behaviors considered a danger to self or others include: (1) Suicide threat or attempt; (2) Assault or threat of assault; or (3) Attempt to run from treatment, potentially resulting in a dangerous or life-threatening situation.	Refer to RCW 70.96A.020 for definitions of "Gravely disabled by alcohol or other psychoactive chemicals," "Incapacitated by alcohol or other psychoactive chemicals" and "Likelihood of serious harm" when making the determination for appropriate action in these cases. Involuntary detention or commitment may be an appropriate option.	
" Department " means the Washington state department of social and health services.	For purposes of this WAC chapter, the department generally delegates implementation responsibilities to DASA.	
" Determination of need " means a process used by the department for opiate substitution treatment program certification applications as described in WAC 388-805-040.		
" Detoxification " or " detox " means care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.	See WAC 388-805-010(1)(a), certified treatment services. This does not include services in a facility, which provides shelter, but not treatment.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
<p>"Disability, person with a" means a person whom:</p> <ol style="list-style-type: none"> (1) Has a physical or mental impairment that substantially limits one or more major life activities of the person; (2) Has a record of such an impairment; or (3) Is regarded as having such an impairment. 		
<p>"Discrete treatment service" means a chemical dependency treatment service that:</p> <ol style="list-style-type: none"> (1) Provides distinct chemical dependency supervision and treatment separate from any other services provided within the facility; (2) Provides a separate treatment area for ensuring confidentiality of chemical dependency treatment services; and (3) Has separate accounting records and documents identifying the provider's funding sources and expenditures of all funds received for the provision of chemical dependency services. 	Also see RCW 70.96A.020(3).	
<p>"Domestic violence" means:</p> <ol style="list-style-type: none"> (1) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault between family or household members; (2) Sexual assault of one family or household member by another; (3) Stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member; or (4) As defined in RCW 10.99.020, RCW 26.50.010, or other Washington state statutes. 	Per RCW 26.50, Domestic Violence Prevention. RCW 26.50.010: "Family or household members" mean spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren.	
<p>"Drug addiction" means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. Drug addiction is characterized by impaired control over use of drugs, preoccupation with drugs, use of a drug despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.</p>	<ul style="list-style-type: none"> • Refer also to RCW 70.96A.020 (10). • Also see definition of "alcoholism" which is the same except the drug of choice is alcohol. This definition is adapted from the joint committee of NCADD and ASAM, except that the word "drug" or related terms are substituted for the word "alcohol" or related terms. 	
<p>"Essential requirement" means a critical element of chemical dependency treatment services that must be present in order to provide effective treatment.</p>	Refer to WAC 388-805-100, maintaining agency certification.	
<p>"Established ratio" means using 0.7 percent (.007) of a designated county's adult population to determine an estimate for the number of potential clients with an opiate diagnosis in need of treatment services.</p>		
<p>"Faith-based organization" means an agency or organization such as a church, religiously affiliated entity, or religious organization.</p>		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
" First Steps " means a program available across the state for low-income pregnant women and their infants. First Steps provides maternity care for pregnant and post partum women and health care for infants and young children.	For information about services in your area, call the "Healthy Mothers / Healthy Babies" hotline at 1-800-322-2588.	
" Governing body " means the legal entity responsible for the operation of the chemical dependency treatment service.	The "legal entity" may include owners, tribal governing bodies, board of directors, county commissioners, courts, sole proprietors, partners, or major stockholders.	
" HIV/AIDS brief risk intervention (BRI) " means an individual face-to-face interview with a client or patient, to help that person assess personal risk for HIV/AIDS infection and discuss methods to reduce infection transmission.	Refer to WAC 388-805-310(4)(c), provision of an HIV/AIDS BRI.	
" HIV/AIDS education " means education, in addition to the brief risk intervention, designed to provide a person with information regarding HIV/AIDS risk factors, HIV antibody testing, HIV infection prevention techniques, the impact of alcohol and other drug use on risks and the disease process, and trends in the spread of the disease.	<ul style="list-style-type: none"> Department of Health requirements on HIV/AIDS are in WAC 246-100, under the authority of RCW 43.20. WAC 246-100 covers such topics as confidentiality, responsibility for reporting, responsibilities and duties of health care providers, rules for notification of partners, and reporting of diseases. Persons qualified to provide HIV/AIDS education include: Staff of the Office on HIV/AIDS; other state or local health department staff; or persons who can teach the "KNOW" HIV/AIDS curriculum or are certified by the American Red Cross as HIV educators. To obtain a copy of the 2002 revised edition of "Know, HIV Prevention" curricula, contact the WA State AIDS Hotline at 1-800-272-2437. 	
" Medical practitioner " means a physician, advanced registered nurse practitioner (ARNP), or certified physician's assistant. ARNPs and midwives with prescriptive authority may perform practitioner functions related only to indicated specialty services.	<ul style="list-style-type: none"> An ARNP can function independently, without the supervision of a physician, in the nurse practitioner's area of specialty. A certified physician's assistant is a person licensed under RCW 18.71 to practice medicine to a limited extent, only under the supervision of a physician, and who is academically and clinically prepared for those duties. Also see RCW 18.57, Osteopathy. 	
" Off-site treatment " means provision of chemical dependency treatment by a certified provider at a location where treatment is not the primary purpose of the site; such as in schools, hospitals, or correctional facilities.	<ul style="list-style-type: none"> Some sites where CD assessments or treatment are not the primary purpose of the facility are: schools, jails, economic and medical field service offices, juvenile facilities, homes, or other locations needed to reach clients/patients. This allows for accommodation of persons with disabilities by providing home services. Refer to WAC 388-805-640, requirements for off-site services. 	
" Opiate substitution treatment program " means an organization that administers or dispenses an approved drug as specified in 212 CFR Part 291 for treatment or detoxification of opiate substitution. The agency is: (1) Certified as an opioid treatment program by the Federal Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration;	Also see WAC 388-805-030, application for opiate dependency treatment service.	

WAC 388-805-005 WHAT DEFINITIONS ARE IMPORTANT THROUGHOUT THIS CHAPTER?

Page 6

(2) Licensed by the Federal Drug Enforcement Administration;		
--	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
<p>(3) Registered by the State Board of Pharmacy;</p> <p>(4) Accredited by an opioid treatment program accreditation body approved by the Federal Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; and</p> <p>(5) Certified as an opiate substitution treatment program by the department.</p>		
" Outcomes evaluation " means a system for determining the effectiveness of results achieved by patients during or following service delivery, and patient satisfaction with those results for the purpose of program improvement.	Refer to WAC 388-805-350, outcomes evaluation.	
" Patient " is a person receiving chemical dependency treatment services from a certified program.	In the CD assessment requirements, WAC 388-805-310, the person is referred to as "client" since a determination of CD is not yet made.	
" Patient contact " means counselor time spent with a client or patient to do assessments, individual or group counseling, or education.		
" Patient placement criteria (PPC) " means admission, continued service, and discharge criteria found in the <i>Patient Placement Criteria for the Treatment of Substance-Related Disorders</i> as published by the American Society of Addiction Medicine (ASAM).		
" Probation assessment officer (PAO) " means a person employed at a certified district or municipal court probation assessment service who meets the PAO requirements of WAC 388-805-220.		
" Probation assessment service " means a certified assessment service offered by a misdemeanor probation department or unit within a county or municipality.		
" Progress notes " are a permanent record of ongoing assessments of a patient's participation in and response to treatment, and progress in recovery.		
" Qualified personnel " means trained, qualified staff, consultants, trainees, and volunteers who meet appropriate legal, licensing, certification, and registration requirements.		
" Registered counselor " means a person registered, or certified by the state department of health as required by chapter 18.19 RCW.		
" Relocation " means change in location from one office space to a new office space, or moving from one office building to another.	Refer to WAC 388-805-110, relocation and remodeling.	
" Remodeling " means expansion of existing office space to additional office space at the same address, or remodeling of interior walls and space within existing office space.	Refer to WAC 388-805-110, relocation and remodeling.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
"SAMHSA" means the Federal Substance Abuse and Mental Health Services Administration.		
"Self-help group" means community based support groups that address chemical dependency.		
"Service provider" or "provider" means a legally operated entity certified by the department to provide chemical dependency treatment services. The components of a service provider are: (1) Legal entity/owner; (2) Facility; and (3) Staff and services.	<ul style="list-style-type: none"> Providers are individually certified, with all three components, whether they are a branch or a parent organization. "Staff and services" means staff positions (not names of persons) and services sufficient to meet patient needs. 	
"Sexual abuse" means sexual assault, incest, or sexual exploitation.		
"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) Submission to such conduct is made either explicitly or implicitly a term or condition of employment or treatment; (2) Such conduct interferes with work performance or creates an intimidating, hostile, or offensive work or treatment environment.	<ul style="list-style-type: none"> Sexual harassment is a form of sexual discrimination prohibited by RCW 49.60 and Title VII of the Civil Rights Act. This definition is taken from Department of Social and Health Services policy 6.02. It further defines sexual harassment as unacceptable conduct in the work place. See WAC 388-805-200(5)(b) and 305(1)(a, c, & k). "Offensive" is what is offensive to the victim, e.g., intimidation. The issues are sometimes tested in court. 	
"Substance abuse" means a recurring pattern of alcohol or other drug use which substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social.		
"Summary suspension" means an immediate suspension of certification, per RCW 34.05.422(4), by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department.		
"Supervision" means: (1) Regular monitoring of the administrative, clinical, or clerical work performance of a staff member, trainee, student, volunteer, or employee on contract by a person with the authority to give directions and require change; and (2) "Direct supervision" means the supervisor is on the premises and available for immediate consultation.	<ul style="list-style-type: none"> Authority to supervise must be in the job description of a supervisor. Refer to WAC 388-805-205(7)(b), personnel file requirements. 	
"Suspend" means termination of the department's certification of a provider's treatment services for a specified period or until specific conditions have been met and the department notifies the provider of reinstatement.	<ul style="list-style-type: none"> Refer to WAC 388-805-130. If a program were suspended, any contracts with DASA to provide treatment services would be in jeopardy since the law requires a contractor to be certified. Refer to WAC 388-805-130(4), voluntary suspension. 	
"TARGET" means the treatment and assessment report generation tool.		
"Treatment plan review" means a review of active problems on the patient's individualized treatment plan, the need to address new problems, and patient placement.		

WAC 388-805-005 WHAT DEFINITIONS ARE IMPORTANT THROUGHOUT THIS CHAPTER?

Page 8

"Treatment services" means the broad range of emergency,	<ul style="list-style-type: none"> Same as RCW 70.96A(26) definition for "treatment." 	
--	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
detoxification, residential, and outpatient services and care. Treatment services include diagnostic evaluation, chemical dependency education, individual and group counseling, medical, psychiatric, psychological, and social services, vocational rehabilitation and career counseling which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other drugs, and intoxicated persons.	<ul style="list-style-type: none"> For purposes of this WAC, diagnostic evaluation means assessments. 	
<p>"Urinalysis" means analysis of a patient's urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the department of health:</p> <p>(1) "Negative urine" is a urine sample in which the lab does not detect specific levels of alcohol or other specified drugs; and</p> <p>(2) "Positive urine" is a urine sample in which the lab confirms specific levels of alcohol or other specified drugs.</p>	<ul style="list-style-type: none"> If a provider wants to conduct urinalysis testing on the premises, the provider should be licensed as a lab or request an exemption from the State. An alternative would be to collect and send urine samples to a licensed lab. The licensure requirement is under RCW 70.42, Public Health and Safety, Medical Test Sites, and DOH WAC 246-338, for Medical Test Site Rules. The address for requesting an exemption from the state lab: Office of Laboratory Quality Assurance 1610 NE 150th Street Seattle, WA 98155-7224 Phone: (206)-361-2802. Refer to WAC 388-805-720(3), when a patient refuses to provide a sample. 	
"Vulnerable adult" means a person who lacks the functional, mental, or physical ability to care for oneself.	Adapted from RCW 43.43.830(10).	
"Young adult" means an adult who is eighteen, nineteen, or twenty years old.	Refer to WAC 388-805-150(6), administrative manual requirements.	
"Youth" means a person seventeen years of age or younger.	This WAC is the legal definition per RCW70.96A, 13.04.011(2) and 13.32A.030(4). However, in DASA contracts, youth may include young adults 18 to 21 years of age. Some Indian tribes and the Indian Health Service (IHS) consider persons "youth" to age 24 for admission and funding purposes.	
	SECTION II. APPLICATION FOR CERTIFICATION	
WAC 388-805-010 What chemical dependency services are certified by the department?		
(1) The department certifies the following types of chemical dependency treatment services:	Traditional cultural practices such as acupuncture, sweat lodges, and herbal therapy may be provided as an adjunct to these treatment services. No additional certification is necessary to provide these services in a certified agency.	Review DASA certificate, or provider approval letter, or electronic database to determine certified services.
<p>(a) Detoxification services, which assist patients in withdrawing from drugs including:</p> <p>(i) Acute detox, which provides medical care and physician supervision for withdrawal from alcohol or other drugs; and</p>	See WACs 388-805-015 or 020 and WAC 388-805-400 and 410.	

WAC 388-805-010 WHAT CHEMICAL DEPENDENCY SERVICES ARE CERTIFIED BY THE DEPARTMENT?

Page 9

(ii) Sub-acute detox , which is nonmedical detoxification		
--	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
or patient self-administration of withdrawal medications ordered by a physician, provided in a home-like environment.		
<p>(b) Residential treatment services, which provide chemical dependency treatment for patients and include room and board in a twenty-four-hour-a-day supervised facility including:</p> <p>(i) Intensive inpatient, a concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families;</p> <p>(ii) Recovery house, a program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities; and,</p> <p>(iii) Long-term treatment, a program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health.</p>	<p>See WACs 388-805-015 or 020 and WAC 388-805-500 through 550.</p> <p>(i) See WAC 388-805-015 or 020 and 530.</p> <p>(ii) See WAC 388-805-015 or 020 and 540.</p> <p>(iii) See WAC 388-805-015 or 020 and 550. Also, see ADATSA WAC 388-800 for funding and contract definitions.</p> <p>"Good health" may mean prevention or delay of further deterioration as feasible.</p>	
<p>(c) Outpatient treatment services, which provide chemical dependency treatment to patients less than twenty-four hours a day including:</p> <p>(i) Intensive outpatient, a concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families;</p> <p>(ii) Outpatient, individual and group treatment services of varying duration and intensity according to a prescribed plan; and</p> <p>(iii) Opiate substitution outpatient treatment, which meets both outpatient and opiate substitution treatment service requirements.</p>	<p>Outpatient regulations apply to day treatment programs although day treatment services may exceed outpatient requirements. For day treatment programs serving patients under a deferred prosecution order to be accepted by courts, the program must be certified as an Intensive Outpatient Treatment program.</p> <p>(c) See WAC 388-805-015 or 020 and 600</p> <p>(i) See WAC 388-805-015 or 020 and 610.</p> <p>(ii) See WAC 388-805-015 or 020, 620 and 630.</p> <p>(iii) Also see WAC 388-805-030 and 700 through 750.</p>	
<p>(d) Assessment services, which include:</p> <p>(i) ADATSA assessments, alcohol and other drug assessments of clients seeking financial assistance from the department due to the incapacity of chemical dependency. Services include assessment, referral, case monitoring, and assistance with employment; and</p> <p>(ii) DUI assessments, diagnostic services requested by the courts to determine a client's involvement with alcohol and other drugs and to recommend a course of action.</p>	<ul style="list-style-type: none"> • Additional certification is not required for certified residential and outpatient providers to perform general assessment services or services authorized by a contract with DASA to provide ADATSA assessment services. • (i) See WAC 388-805-800. • "DUI" means driving while under the influence, or in physical control of a vehicle, while under the influence of intoxicating liquor or other drugs, per RCW 46.61. • (ii) See WACs 388-805-810 and 815. 	
<p>(e) Information and assistance services, which include:</p> <p>(i) Alcohol and drug information school, an education program about the use and abuse of alcohol and other drugs, for persons referred by the courts and others, who</p>	<p>(i) See WAC 388-805-820.</p>	

WAC 388-805-010 WHAT CHEMICAL DEPENDENCY SERVICES ARE CERTIFIED BY THE DEPARTMENT?

Page 10

do not present a significant chemical dependency problem, to help those persons make informed decisions		
---	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
<p>about the use of alcohol and other drugs;</p> <p>(ii) Information and crisis services, response to persons having chemical dependency related needs, by phone or in person;</p> <p>(iii) Emergency service patrol, assistance provided to intoxicated persons in the streets and other public places; and</p> <p>(iv) Treatment accountability for safer communities (TASC), is a referral and case management service. TASC providers furnish a link between the criminal justice system and the treatment system. TASC identifies, assesses, and refers appropriate alcohol and other drug dependent offenders to community-based substance abuse treatment and monitors the outcome for the criminal justice system.</p>	<p>(ii) See WAC 388-805-830.</p> <p>(iii) See WAC 388-805-840.</p> <p>(iv) See WAC 388-805-850.</p>	
(2) The department may certify a provider for more than one of the treatment services listed under subsection (1) of this section when the provider complies with the specific requirements of the selected treatment services.		
WAC 388-805-015 How do I apply for certification as a chemical dependency service provider?		
(1) A potential new chemical dependency treatment service provider, referred to as applicant, seeking certification for one or more treatment services, as described under WAC 388-805-010, must:		
(a) Request from the department an application packet of information on how to become a certified chemical dependency treatment service provider; and	<p>Contact: Certification Section Division of Alcohol and Substance Abuse PO Box 45330; MS 45330 Olympia, WA 98504-5330 Phone: (360) 438-8052.</p>	DASA will conduct the initial application review within 60 days of receipt.
(b) Obtain a license as a residential treatment facility from the department of health if planning to offer residential services.	<p>Per RCW 71.12, the Private Establishment Act. For a residential treatment facility (RTF) License application, contact: Department of Health (DOH) Facilities and Services Licensing PO Box 47852 Olympia, WA 98504-7852 Phone: (360) 236-2935; Fax: (360) 236-2901</p>	Certification is contingent on verification of license mailed to DASA by DOH, Facilities and Services Licensing Division. DOH will not require a separate RTF license if a facility is already surveyed annually under DOH Institutional requirements and does not provide detox services.
(2) The applicant must submit a completed application to the department which includes:	<ul style="list-style-type: none"> • Incomplete applications will be returned, resulting in delays. • Residential applicants should contact DOH at the number listed above for a RTF license at the time of application to DASA. 	

WAC 388-805-015 HOW DO I APPLY FOR CERTIFICATION AS A CHEMICAL DEPENDENCY SERVICE PROVIDER?

Page 11

(a) If the applicant is a sole provider: the name and address of the applicant, and a statement of sole proprietorship;		
---	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(b) If the applicant is a partnership: the name and address of every partner, and a copy of the written partnership agreement;		
(c) If the applicant is a limited liability company: the name and addresses of its officers, and any owner of five percent or more of the organizational assets, and a copy of the certificate of formation issued by the state of Washington, secretary of state;		
(d) If the applicant is a corporation: the names and addresses of its officers, board of directors and trustees, and any owner of five percent or more of the organizational assets, and a copy of the corporate articles of incorporation and bylaws;		
(e) A copy of the Master Business License authorizing the organization to do business in Washington state;	<p>Issued by the Secretary of State under RCW 23B.01.280.</p> <ul style="list-style-type: none"> To obtain an application for a Washington State Master Business License and for a Unified Business Identifier (UBI) number contact: Department of Licensing Business and Professions Division Master License Service PO Box 9034 Olympia, WA 98507-9034 Phone: (360) 664-1400 Web Site: http://www.wa.gov/dol/bpd/buslic.htm. Usually these licenses include: a master license as described under RCW 19.02.070, the Business License Center Act; an occupancy permit; current city business license, fire inspection approval. Each applicant should verify what is needed by local jurisdictions. Some items may not be applicable if owned by the city or county, a health maintenance organization (HMO), or if licensed by another agency. An occupancy permit indicates building, mechanical, plumbing, and electrical approvals. Refer to WAC 388-805-140(8), governing body requirements. 	<p>Verify certificate of authorization. The date of expiration will be noted on the authorization. It may be other than annual.</p> <p>Review application materials for the declaration or copies of current licenses, permits and approvals.</p> <p>DOH Facilities and Services Licensing Division survey residential providers.</p>
(f) The Social Security Number or Federal Employer Identification Number for the governing organization or person;		
(g) The name of the individual administrator under whose management or supervision the services will be provided;	Refer to WAC 388-805-140(1), governing body requirements.	Verify name of administrator.

**WAC 388-805-015 HOW DO I APPLY FOR CERTIFICATION
AS A CHEMICAL DEPENDENCY SERVICE PROVIDER?**

Page 12

(h) A copy of the report of findings from a criminal background check of any owner of five percent or more of the organizational assets and the administrator;	<ul style="list-style-type: none"> Probation services or other county-owned facilities may have criminal background check (CBC) information required by their current personnel practices. Refer to RCW 43.43.830 through 845. 	DASA will review records; investigate non-compliance with RCW 43.43.830 through 845, when necessary; and use information solely for the purpose of determining eligibility for certification or recertification. Guidelines for denial include:
--	---	---

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> • CBCs are not required for board members. • Call (360) 705-5100 to obtain forms for requesting the CBC form from the Washington State Patrol. See Appendix C. 	<ul style="list-style-type: none"> • Evaluation of each case, taking into consideration evidence of recovery, rehabilitation, and references; • Crimes and dates of conviction listed in RCW 43.43.842; • Restoration of Employment Rights, RCW 9.96A.
(i) Additional disclosure statements or background inquiries if the department has reason to believe that offenses, specified under RCW 43.43.830, have occurred since completion of the original application;		
(j) The physical location of the facility where services will be provided including, in the case of a location known only by postal route and box numbers, and the street address;		
(k) A plan of the premises assuring the chemical dependency treatment service is discrete from other programs, indicating capacities of the location for the proposed uses;	<ul style="list-style-type: none"> • Treatment areas must provide for confidential treatment. • Treatment areas must be out of visual and hearing range of persons not in chemical dependency treatment. • Windows must have blinds, drapes, privacy film, or some other acceptable means to ensure privacy 	Tour the facility as required by WAC 388-805-060 and review the organization chart to assure discrete services as defined in WAC 388-805-005. The DASA Regional Administrator, Regional Treatment Manager, or certification staff may conduct the facility review.
(l) Floor plan showing use of each room and location of: <ul style="list-style-type: none"> (i) Windows and doors; (ii) Restrooms; (iii) Floor to ceiling walls; (iv) Areas serving as confidential counseling rooms; (v) Other therapy and recreation areas and rooms; (vi) Confidential patient records storage; and (vii) Sleeping rooms, if a residential facility. 	<ul style="list-style-type: none"> • Treatment areas cannot double as corridors for persons to get to other areas of the facility. • (iii) On the floor plan, indicate which walls, if any, are not floor-to-ceiling. • (vi) See also 388-805-320 	<p>Review floor plan submitted with application materials.</p> <p>Verify that rooms are adequate for proposed uses.</p> <p>Review facility at the initial survey.</p>
(m) A completed facility accessibility self-evaluation form;	<ul style="list-style-type: none"> • Includes completing an ADA Checklist for Existing Facilities. This comes with the application or relocation packet for new agency applications, branch applications, relocation, and remodeling. • See RCW 70.92.00 through 70.92.160 for making buildings and facilities accessible to and usable by persons with disabilities; implemented via WAC 51.10, Barrier-free Design Standards. • Public Law 101-336, the Americans with Disabilities Act (ADA) requires program and physical accessibility. 	
(n) Policy and procedure manuals specific to the agency at the proposed site, and meet the manual requirements described later in this regulation, including the: <ul style="list-style-type: none"> (i) Administrative manual; (ii) Personnel manual; and (iii) Clinical manual. 	Refer to WAC 388-805-150, administrative manual; 200, personnel manual; and 300, clinical manual.	Review and evaluate completeness and appropriateness of all policies and procedures (P&Ps).
(o) Sample patient records for each treatment service applied for; and	Complete a hypothetical patient record that demonstrates WAC compliance for each service provided. Length of patient record by type of service: 3 months for outpatient and Opioid treatment programs, 21-30 days for inpatient, 60 days for recovery house, and 90 days for long term care. For all other services, the typical length for that service.	Review sample patient files against record content requirements and provider policies and procedures (P&P).

WAC 388-805-015 HOW DO I APPLY FOR CERTIFICATION AS A CHEMICAL DEPENDENCY SERVICE PROVIDER?

Page 13

(p) Evidence of sufficient qualified staff to deliver services.	There should be at least one CDP in a small agency, proportionately more in a large agency, depending on the number of patients the agency intends to serve. Refer to WAC 388-805-145(4) & (6) and WAC 388-805-510(8)(9)(10).	Review staffing levels in relation to anticipated needs and counselor qualifications.
---	---	---

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	regarding patient-to-counselor ratios.	
(3) In addition to the requirements in this section, a faith-based organization may implement the requirements of the federal Public Health Act, Sections 581-584 and Section 1955 of 24 U.S.C. 290 and 42 U.S.C. 300x-65.		
(4) The agency owner or legal representative must:		Note signatures and relate to application information.
(a) Sign the completed application form and submit the original to the department;	See DASA address in 388-805-015(1)(a), interpretative guidelines.	
(b) Send a copy of the completed application form to the county coordinator in the county where services will be provided;	County Alcohol/Drug Coordinator's names and addresses are in DASA's directory entitled <u>Directory of Certified Chemical Dependency Treatment Services in Washington State</u> , referred to as "The Green Book."	Verify that a copy of the cover letter was sent to the County Alcohol/Drug Coordinator.
(c) Submit the application fee with the application materials; and		Determine that DASA received the correct application fee.
(d) Report any changes occurring during the certification process.	The following are examples of circumstances that need to be reported to the DASA Certification Section: change of owner(s), administrator, agency name, location, or remodeling.	
WAC 388-805-020 How do I apply for certification of a branch agency or added service?		
(1) A certified chemical dependency service provider applying for a branch site or an additional certified service must request an abbreviated application packet from the department.	<ul style="list-style-type: none"> Refer to interpretive guideline for WAC 388-805-015(1)(a), application for certification. The applicant should submit complete written materials to avoid returned packets and delays. Residential applicants should contact DOH Facilities and Services Licensing at (360) 236-2935 for application for a RTF license at the time of application to DASA. 	Review application materials within 60 days of receipt for compliance with this WAC section. DASA Certification Section staff may waive review of items already satisfactorily in evidence at the certified agency.
(2) The applicant must submit an abbreviated application, including:		
(a) The name of the individual administrator providing management or supervision of the services;		
(b) A written declaration that a current copy of the agency policy and procedure manual will be maintained at the branch site and that the manual has been revised to accommodate the differences in business and clinical practices at that site;	The complete manuals must be available on site.	
(c) An organization chart, showing the relationship of the branch to the main organization, job titles, and lines of authority;	(c) The organization chart should be the same as required by 388-805-150(7) and must show the relationship of a branch to the main agency.	
(d) Evidence of sufficient qualified staff to deliver services at the branch site; and	(d) There should be at least one CDP in a small agency, proportionately more in a large agency depending on the number of patients the agency intends to serve.	

WAC 388-805-020 HOW DO I APPLY FOR CERTIFICATION OF A BRANCH AGENCY OR ADDED SERVICES?

Page 14

(e) Evidence of meeting the requirements of: (i) WAC 388-805-015(1)(b); (ii) WAC 388-805-015(2)(h) through (2)(l) and (m); and (iii) WAC 388-805-015(3).	<ul style="list-style-type: none"> (i) License required from DOH, if not already surveyed by DOH for other reasons (ii) Location, address, declaration, discrete, premises, floor plan, ADA; sample records should be submitted only if the 	
---	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<p>provider is not already certified to provide those services at another site.</p> <ul style="list-style-type: none"> Refer to interpretive guideline for WAC 388-805-015(2)(m), application for certification. 	
WAC 388-805-030 What are the requirements for opiate substitution treatment program certification?		
Certification as an opiate substitution treatment program is contingent on the concurrent approval by applicable state regulatory authorities; certification as an opioid treatment program by the Federal CSAT SAMHSA; accreditation by an opioid treatment program accreditation body approved by the Federal CSAT SAMHSA; and licensure by the Federal Drug Enforcement Administration. In addition to WAC 388-805-015 or 388-805-020 requirements, a potential opiate substitution treatment program provider must submit to the department:	Methadone, Subutex®, Suboxone®, and ORLAMM®, are the only narcotic drugs approved for the treatment of narcotic addiction in OTPs.	Review all application materials for compliance with this section.
(1) Documentation the provider has communicated with the county legislative authority and if applicable, the city legislative authority, in order to secure a location for the new opiate substitution treatment program that:		Review application materials and data/information received from legislative authority.
(a) Meets county or city land use ordinances; and		
(b) Includes a plan to minimize the impact of the opiate substitution treatment programs upon the business and residential neighborhoods in which the program is located. The plan must include strategies used to: <ul style="list-style-type: none"> (i) Obtain and document stakeholder input regarding the proposed location; (ii) Address any concerns identified by stakeholders; and (iii) Develop an ongoing community relations plan to address new concerns expressed by stakeholders as they arise. 		
(2) A copy of the application for a registration certificate from the Washington state board of pharmacy.	Opiate Substitution Treatment certification is contingent on verification of WA State Board of Pharmacy registration.	Verify WA State Board of Pharmacy registration.
(3) A copy of the application for licensure to the Federal Drug Enforcement Administration.	Opiate Substitution Treatment certification is contingent on verification of the Federal Drug Enforcement Administration (DEA) approval.	Verify DEA approval.
(4) A copy of the application for certification to the Federal CSAT SAMHSA.	Opiate Substitution Treatment certification is contingent on verification of the Federal CSAT approval.	Verify CSAT approval.

WAC 388-805-030 WHAT ARE THE REQUIREMENTS FOR OPIATE SUBSTITUTION TREATMENT PROGRAM CERTIFICATION?

Page 15

(5) A copy of the application for accreditation by an accreditation body approved as an opioid treatment program accreditation body by the Federal CSAT SAMHSA.		
(6) Policies and procedures identified under WAC 388-805-700 through 388-805-750.		Review policies and procedures.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(7) Documentation that transportation systems will provide reasonable opportunities to persons in need of treatment to access the services of the program.		Review agency's documentation of transportation resources available within the area.
(8) At least three letters of support from other providers within the existing health care system in the area the applicant proposes to establish a new opiate substitution treatment program to demonstrate an appropriate relationship to the service area's existing health care system.		
(9) A declaration to limit the number of individual program participants to three hundred fifty as specified in RCW 70.96A.410(1)(e).		Review patient rosters.
(10) For new applicants, who operate opiate substitution treatment programs in another state, copies of national and state certification/accreditation documentation, and copies of all survey reports written by national and/or state certification or accreditation organizations for each site they have operated an opiate substitution program in over the past six years.		Review accreditation documentation for outcomes to verify applicant's capability to provide appropriate services.
WAC 388-805-035 What are the responsibilities for the department when an applicant applies for approval of an opiate substitution treatment program?		
For purposes of this section, "area" means the county in which an opiate substitution treatment program applicant proposes to locate a certified program, and counties adjacent or near to the county in which the program is proposed to be located. When making a decision on an application for certification of a program, the department must:		
(1) Consult with the county legislative authority in the area in which an applicant proposes to locate a program and the city legislative authority in any city in which an applicant proposes to locate a program. The department will request the county and city legislative authority to notify the department of any applicable requirements or other issues that the department should consider in order to fulfill the requirements of WAC 388-805-030(7), or 388-805-040(1) through (5);		
(2) Not discriminate in its certification decision on the basis of the corporate structure of the applicant;		

WAC 388-805-035 WHAT ARE THE RESPONSIBILITIES FOR THE DEPARTMENT WHEN AN APPLICANT APPLIES FOR APPROVAL OF AN OPIATE SUBSTITUTION TREATMENT PROGRAM?

Page 16

(3) Consider the size of the population in need of treatment in the area in which the program would be located and certify only applicants whose programs meet the necessary treatment needs of the population;		
(4) Determine there is a need in the community for opiate		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
substitution treatment and not certify more program slots than justified by the need in that community as described in WAC 388-805-040;		
(5) Consider whether the applicant has the capability, or has in the past demonstrated the capability to provide appropriate treatment services to assist persons in meeting legislative goals of abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with illegal use of controlled substances;		
(6) Hold at least one public hearing in the county in which the facility is proposed to be located and one public hearing in the area in which the facility is proposed to be located. After consultation with the county legislative authority, the department may have the public hearing in the adjacent county with the largest population, the adjacent county with the largest underserved population, or the county nearest to the proposed location. The hearing must be held at a time and location most likely to permit the largest number of interested persons to attend and present testimony. The department must notify appropriate media outlets of the time, date, and location of the hearing at least three weeks in advance of the hearing.		
WAC 388-805-040 How does the department determine there is a need in the community for opiate substitution treatment?		
The department will determine whether or not there is a demonstrated need in the community for opiate substitution treatment from information provided to the department by the applicant and through department consultation with the city and county legislative authority, and other appropriate community resources. A "determination of need" for a proposed program will include a review and evaluation of the following criteria:		
(1) For the number of potential clients in an area, the department will consider the size of the population in need of treatment in the area in which the program would be located using adult population statistics from the most recent area population trend reports. The department will use the established ratio of .7 percent of the adult population as an estimate for the number of potential clients with an opiate diagnosis in need of treatment services.		

WAC 388-805-040 HOW DOES THE DEPARTMENT DETERMINE THERE IS A NEED IN THE COMMUNITY FOR OPIATE SUBSTITUTION TREATMENT?

Page 17

(2) For the number of anticipated program slots in an area, the department will multiply the sum of the established ratio of .7 percent of the adult population in subsection (1) of this section by thirty-five percent to determine an estimate of the anticipated need for the number of opiate substitution treatment program slots in the area in which the program would be located.		
--	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(3) Demographic and trend data from the area in which the program would be located including the most recent department county trend data, TARGET admission data for opiate substitution treatment from the county, hospital and emergency department admission data from the county, needle exchange data from the county, and other relevant reports and data from county health organizations demonstrating the need for opiate substitution treatment program services.		
(4) Availability of other opiate substitution treatment programs near the area of the applicant's proposed program. The department will determine the number of patients, capacity, and accessibility of existing opiate substitution treatment programs near the area of the applicant's proposed program and whether existing programs have the capacity to assume additional patients for treatment services.		
(5) Whether the population served or to be served has need for the proposed program and whether other existing services and facilities of the type proposed are available or accessible to meet that need. The assessment will include, but not limited to, consideration of the following:		
(a) The extent to which the proposed program meets the need of the population presently served;		
(b) The extent to which the underserved need will be met adequately by the proposed program; and		
(c) The impact of the service on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups to obtain needed health care.		
(6) The department will review agency policies and procedures that describe the cost of services to clients, sliding fee scales, and charity care policies, procedures, and goals.		
WAC 388-805-060 How does the department conduct an examination of nonresidential facilities?		
The department must conduct an on-site examination of each new nonresidential applicant's facility or branch facility. The department must determine if the applicant's facility is: (1) Substantially as described.		DOH monitors residential facilities. A Certification Specialist reviews floor plans. The DASA Regional Administrator, Regional Treatment Manager, or certification staff may conduct the facility review.

WAC 388-805-060 HOW DOES THE DEPARTMENT CONDUCT AN EXAMINATION OF NONRESIDENTIAL FACILITIES?

Page 18

(2) Suitable for the purposes intended.	Treatment rooms must provide for auditory and visual confidentiality. Corridors, reception areas, and rooms which also serve as corridors to other rooms or outside doorways are not suitable for treatment.	Verify sufficient, discreet, and confidential space for treatment and other services proposed.
(3) Not a personal residence.		
(4) Approved as meeting all building and safety requirements.	<ul style="list-style-type: none"> Refer to WAC 388-805-140(6)(8), governing body requirements. Refer to WAC 388-805-155, provider facilities. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
WAC 388-805-065 How does the department determine disqualification or denial of an application?		
The department must consider the ability of each person named in the application to operate in accord with this chapter before the department grants or renews certification of a chemical dependency service.	The department, in considering each applicant's ability, may take into consideration any past employment or administrative concerns.	
(1) The department must deny an applicant's certification when any of the following conditions occurred and was not satisfactorily resolved, or when any owner or administrator:	<ul style="list-style-type: none"> "Satisfactorily resolved" means evidence is available to warrant public trust. In cases where disciplinary action has been taken against an owner or administrator, the owner or administrator must have complied with the terms of the disciplinary action and been released from any obligation imposed in that action. Note: RCW 9.96A deals with restoration of employment rights after 10 years. 	The Certification Section Supervisor will notify the applicant of a denial and include reasons for the denial.
(a) Had a license or certification for a chemical dependency treatment service or health care agency denied, revoked, or suspended;	Includes actions in other states and jurisdictions.	
(b) Was convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse;	This applies to providers of all chemical dependency services, not only those specializing in youth services.	
(c) Obtained or attempted to obtain a health provider license, certification, or registration by fraudulent means or misrepresentation;		
(d) Committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under chapter 18.130.180 RCW;	See RCW 18.130.180.	
(e) Demonstrated cruelty, abuse, negligence, misconduct, or indifference to the welfare of a patient or displayed acts of discrimination;	Discrimination may be related to race, color, creed, national origin, religion, sex, sexual orientation, or age.	
(f) Misappropriated patient property or resources;	An example of misappropriated resources: Billing an insurance company or Medicaid in excess of legally incurred costs.	
(g) Failed to meet financial obligations or contracted service commitments that affect patient care;	Examples of adverse effects on patient care could be that counseling areas are very cold and uncomfortable because power bills were not paid. Not paying agency staff could cause absence of qualified staff on duty.	
(h) Has a history of noncompliance with state or federal regulations in an agency with which the applicant has been affiliated;	Noncompliance may include serious deficiencies affecting patient care and/or evidence of not correcting deficiencies or not maintaining the corrections.	

WAC 388-805-065 HOW DOES THE DEPARTMENT DETERMINE DISQUALIFICATION OR DENIAL OF AN APPLICATION?

Page 19

(i) Knowingly, or with reason to know, made a false statement of fact or failed to submit necessary information in: (ii) The application or materials attached; and (ii) Any matter under department investigation.	"Necessary" information is relevant, significant, or that specifically requested and which would have a bearing on decisions being made; not incidental or trivial.	
(j) Refused to allow the department access to records, files, books, or portions of the premises relating to operation of the chemical dependency treatment service;		
(k) Willfully interfered with the preservation of material		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
information or attempted to impede the work of an authorized department representative;		
(l) Is in violation of any provision of chapter 70.96A RCW; or		
(m) Does not meet criminal background check requirements.	<ul style="list-style-type: none"> Refer to interpretive guidelines in Appendix C. For a copy of the Background Check Resource Guide for DASA Certified and Contracted Agencies, August 2004, contact the Washington State Alcohol Drug Clearinghouse at http://clearinghouse.adhl.org/. 	
(2) The department may deny certification when an applicant:		
(a) Fails to provide satisfactory application materials; or		
(b) Advertises itself as certified when certification has not been granted, or has been revoked or canceled.	From RCW 70.96A.090(3)	
(3) The department may deny an application for certification of an opiate substitution treatment program when:		
(a) There is not a demonstrated need in the community for opiate substitution treatment and/or there is not a demonstrated need for more program slots justified by the need in that community;		
(b) There is sufficient availability, accessibility, and capacity of other certified programs near the area in which the applicant proposes to locate the program;		
(c) The applicant has not demonstrated in the past, the capability to provide the appropriate services to assist the persons who will utilize the program in meeting goals established by the legislature, including: <ul style="list-style-type: none"> (i) Abstinence from opiates and opiate substitutes, (ii) Obtaining mental health treatment, (iii) Improving economic independence, and (iv) Reducing adverse consequences associated with illegal use of controlled substances. 		
(4) The applicant may appeal department decisions in accord with chapter 34.05 RCW, the Washington Administrative Procedures Act and chapter 388-02.		

WAC 388-805-065 HOW DOES THE DEPARTMENT DETERMINE DISQUALIFICATION OR DENIAL OF AN APPLICATION?

Page 20

WAC 388-805-070 What happens after I make application for certification?		
(1) The department may grant an applicant initial certification after a review of application materials and an on-site visit confirms the applicant has the capacity to operate in compliance with this chapter.	<ul style="list-style-type: none"> Initial certification is often granted to a new applicant to allow a period of time for the applicant to demonstrate they can operate in compliance with the WAC pending standard certification. Initial certification could also be issued to a new branch agency, or an added service, change in ownership, or a relocation. 	<p>See RCW 70.96A.090(5).</p> <p>(1) Sections 015 or 020 must be satisfactorily completed.</p> <p>The Certification Specialist will notify the applicant, in writing, of the expiration date of the provisional approval certificate.</p>

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> (1) This means the applicant has sufficient staff, facility, and P&Ps to operate safely and in compliance with requirements. 	
(2) A provider's failure to meet and maintain conditions of the initial certification may result in suspension of certification.	An example could be failure to retain qualified counseling staff.	
(3) An initial certificate of approval may be issued for up to one year.		
(4) The provider must post the certificate in a conspicuous place on the premises.		The Certification Specialist determines if the certificate is current, posted, and in a conspicuous place within the facility.
WAC 388-805-075 How do I apply for an exemption?		
(1) The department may grant an exemption from compliance with specific requirements in this WAC chapter if the exemption does not violate:		All exemption requests will be reviewed and considered. The certification section supervisor indicates any conditions which would apply and signs all exemption approvals and denials. Time frames indicating the duration of the exemption are included in the department response.
(a) An existing federal or state law; or		
(b) An existing tribal law.		
(2) Providers must submit a signed letter requesting the exemption to the Supervisor, Certification Section, Division of Alcohol and Substance Abuse, P.O. Box 45330, Olympia, WA 98504-5330. The provider must assure the exemption request does not:		
(a) Jeopardize the safety, health, or treatment of patients; and		
(b) Impede fair competition of another service provider.		
(3) The department must approve or deny all exemption requests in writing.	The department's denial of an exemption is not subject to appeal under RCW 34.05. Exemptions are not a guaranteed right.	(3) The Certification Section Supervisor will inform the provider of approval or denial of exemption requests, usually within 30-days from receipt of the request.
(4) The department and the provider must maintain a copy of the decision.		

WAC 388-805-075 HOW DO I APPLY FOR AN EXEMPTION?

Page 21

	SECTION III. CERTIFICATION FEES	
WAC 388-805-080 What are the fee requirements for certification?		
(1) The department must set fees to be charged for certification.	Fees are established by the department in consultation with the Citizens Advisory Council on Alcoholism and Drug Addiction, and are governed by WAC 388-805.	
(2) Providers must pay certification fees:		
(a) At the time of application. One-half of the application fee may be refunded if an application is withdrawn before		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
certification or denial; and		
(b) Within thirty days of receiving an invoice.		
(3) Payment must be made by check, draft, or money order made payable to the department of social and health services.		
(4) Fees will not be refunded when certification is denied, revoked, or suspended.		
WAC 388-805-085 What are the fees for agency certification?		
(1) Application fees: (a) New Agency \$500 (b) Branch agency \$500 (c) Application for adding one or more services \$200 (d) Change in ownership \$500		
(2) Initial and annual certification fees: (a) For detoxification and residential \$26 per licensed bed services: (b) For nonresidential services: (i) Large size agencies: 3,000 or more clients served per year \$1,125 per year (ii) Medium size agencies: 1,000-2,999 clients served per year \$750 per year (iii) Small size agencies: 0-999 clients services per year \$375 per year (c) For agencies certified through deeming per WAC 388-805-115 \$200 per year		
(3) Each year providers must complete a declaration form provided by the department indicating the number of patients served annually, the provider's national accreditation status, and other information necessary for establishing fees and updating certification information.		
WAC 388-805-090 May certification fees be waived?		
(1) Certification fees may be waived when:		
(a) The fees would not be in the interest of public health and safety; or		
(b) The fees would be to the financial disadvantage of the state; or		

WAC 388-805-090 MAY CERTIFICATION FEES BE WAIVED?

Page 22

(c) The department determines that the cost of processing the application is so small that it warrants granting an application fee waiver.		
(2) Providers may submit a letter requesting a waiver of fees to the Supervisor, Certification Section, Division of Alcohol and Substance Abuse, P.O. Box 45330, Olympia, Washington, 98504-5330.		
(3) Fee waivers may be granted to qualified providers who receive funding from tribal, federal, state or county government resources as follows:		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(a) For residential providers: The twenty-six dollar per bed annual fee will be assessed only for those beds not funded by a governmental source;		
(b) For nonresidential providers: The amount of the fee waiver must be determined by the percent of the provider's revenues that come from governmental sources, according to the following schedule:		
% Govt Revenues 90-100% 75-89% 50-74% 0-49%		
Small agency No fee \$90 \$185 \$375		
Medium agency No fee \$185 \$375 \$750		
Large agency No fee \$285 \$565 \$1,125		
(4) Requests for fee waiver must be mailed to the department and include the following:	Refer to WAC 388-805-090(2), certification fee waiver.	
(a) The reason for the request;		
(b) For residential providers: (i) Documentation of the number of beds currently licensed by the department of health; (ii) Documentation showing the number of beds funded by a government entity including, tribal, federal, state or county government sources.		
(c) For nonresidential providers: (i) Documentation of the number of clients served during the previous twelve-month period; (ii) Documentation showing the amount of government revenues received during the previous twelve-month period; (iii) Documentation showing the amount of private revenues received during the previous twelve-month period.		
WAC 388-805-095 How long are certificates effective?		
Certificates are effective for one year from the date of issuance unless: (1) The department has taken action for noncompliance under WAC 388-805-065, 388-805-125, or 388-805-130; or (2) The provider does not pay required fees.	Per RCW 70.96A.090, Standards, Procedures, Penalties. Annual certification is required by law. It has no relationship to the survey date, but is evidence of continuing certification unless an on-site survey indicates otherwise.	Certification Specialist determines if certificate is current, posted, and in a conspicuous place within the facility.

WAC 388-805-095 HOW LONG ARE CERTIFICATES EFFECTIVE?

Page 23

	SECTION IV. MAINTAINING CERTIFICATION	
WAC 388-805-100 What do I do to maintain agency certification?		
(1) A service provider's continued certification and renewal is contingent upon: (a) Completion of an annual declaration of certification; and (b) Payment of certification fees, if applicable.	The provider is notified when the fee is 30 days past due. A cancellation notice is issued when the provider is 60 days overdue.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(2) Providing the essential requirements for chemical dependency treatment, including the following elements:		
(a) Treatment process: (i) Assessments, as described in WAC 388-805-310; (ii) Treatment planning, as described in WAC 388-805-315(2)(a) and 388-805-325(10); (iii) Documenting patient progress, as described in WAC 388-805-315(1)(b) and 388-805-325(12); (iv) Treatment plan reviews and updates, as described in WAC 388-805-315(2)(a), 388-805-325(10) and 388-805-325(12)(c); (v) Patient compliance reports, as described in WAC 388-805-315(4)(b), 388-805-325(16), and 388-805-330; (vi) Continuing care, and discharge planning, as described in WAC 388-805-315(2)(c)(d) and (7)(a), and 388-805-325(17) and (18); and, (vii) Conducting individual and group counseling, as described in WAC 388-805-315(2)(b) and 388-805-325(12).		
(b) Staffing: Provide sufficient qualified personnel for the care of patients as described in WAC 388-805-140(5) and 388-805-145(5);	<ul style="list-style-type: none"> Refer to WAC 388-805-145(4-7), agency administrator requirements. Refer to WAC 388-805-510(8-10), residential provider's admitting youth. Staffing requirements differ based on the level of care provided and number of patients receiving services. 	
(c) Facility: (i) Provide sufficient facilities, equipment, and supplies for the care and safety of patients as described in WAC 388-805-140 (5) and (6); (ii) If a residential provider, be licensed by the department of health as described by WAC 388-805-015(1)(b).		
(3) Findings during periodic on-site surveys and complaint investigations to determine the provider's compliance with this chapter. During on-site surveys and complaint investigations, provider representatives must cooperate with department representatives to:	On-site surveys and on-site survey reports are considered technical assistance, offered by DASA to certified chemical dependency service providers to improve patient care.	Notify each provider of tentative survey dates about 60 days in advance, by phone, and 30 days in advance, in writing, unless waived by the provider or the survey is required to investigate a complaint or issues of patient safety. Such dates may require later adjustment due to circumstances beyond control of the certifier.

WAC 388-805-100 WHAT DO I DO TO MAINTAIN AGENCY CERTIFICATION?

Page 24

(a) Examine any part of the facility at reasonable times and as needed;	"Reasonable" usually means during daytime hours of operation. However, on-site surveys may occur as needed to investigate complaints on other shifts, or if necessary to complete a survey in a timely and economical manner.	
(b) Review and evaluate records, including patient clinical records, personnel files; policies, procedures, fiscal records, data, and other documents as the department requires to determine compliance; and		Certain records are reviewed routinely for certification surveys; others such as fiscal may be reviewed as necessary for complaint investigations or contract monitoring. Certification Specialists may be requested by DASA contract managers to monitor certain areas of contract compliance.
(c) Conduct individual interviews with patients and staff members.	The purposes of interviews are to verify information not available in files and patient records, assist in complaint	Introduce self and explain purpose of visit: Check compliance with WAC. Then:

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	investigations, and to be accessible and respond to patients or staff wishing to talk with DASA Certification Specialists (which is a purpose of posting the advance notice of the site visit -- See (4) below).	<ul style="list-style-type: none"> - Obtain patient's verbal permission to conduct an interview; - Proceed only with consent of the involved patient or staff members; and, - If a complaint is brought up, see if the agency grievance procedure has been or needs to be followed. In some cases, further investigation may be necessary. When necessary, interview patients or agency staff members privately.
(4) The provider must post the notice of a scheduled department on-site survey in a conspicuous place accessible to patients and staff.	The notice is posted to inform patients and agency staff members of the purpose of the on-site visit and the availability of DASA certifiers to the patients and agency staff members.	
(5) The provider must correct compliance deficiencies found at such surveys immediately or as agreed by a plan of correction approved by the department.		Findings, along with recommended or required corrective actions, will be discussed with management at the exit conference.
WAC 388-805-105 What do I need to do for a change in ownership?		
(1) When a certified chemical dependency service provider plans a change in ownership, the current service provider must submit a change in ownership application form sixty or more days before the proposed date of ownership change.	<ul style="list-style-type: none"> • Refer to the interpretive guideline for WAC 388-805-015(1)(a), application for certification. • Certification is linked to a specific facility, specific owners, and specific services. Therefore, any change of an owner of five percent or more of the assets, as well as any full sale of the business, changes the conditions of the certification, i.e., the current certificate becomes null and void on the effective date of the change. This includes a change in the type of ownership, for example, a change from sole proprietorship to a corporation. • Once change is confirmed, a date is set to terminate certification of the current provider. The new owner must apply for certification. Failure of the parties to coordinate certification requirements with the DASA Certification Section may result in a lapse of certification. • Residential providers must also notify the Department of Health, Facilities and Services Licensing, by calling (360) 236-2935 to request an application. 	

WAC 388-805-105 WHAT DO I NEED TO DO FOR A CHANGE IN OWNERSHIP?

Page 25

(2) The current provider must include the following information with the application:	<p>If, during the change of ownership, any service will be cancelled, each patient must be given 30 days notice, assisted with relocation, given refunds to which they are entitled, and advised how to access their records. Refer to WAC 388-805-305(1)(n), patient rights. The current owner should request an application form for change of ownership from DASA:</p> <p>Division of Alcohol and Substance Abuse Certification Section PO Box 45330 Olympia, WA 98504-5330 Phone: (360) 438-8052.</p>	Review submitted materials for compliance with this section.
---	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(a) Name and address of each new prospective owner of five percent or more of the organizational assets as required by WAC 388-805-015(2)(a) through (d);		
(b) Current and proposed name (if applicable) of the affected;		
(c) Date of the proposed transaction;	Kinds of transactions include: Sale, merger, partnership change, and incorporation.	
(d) A copy of the transfer agreement between the outgoing and incoming owner(s);		
(e) If a corporation, the names and addresses of the proposed responsible officers or partners;	If a large corporation has a number of shareholders, information is only needed on those who own five percent or more of the assets.	
(f) A statement regarding the disposition and management of patient records, as described under 42 CFR, Part 2 and WAC 388-805-320; and	<ul style="list-style-type: none"> If the current owner leaves and plans to retain custody of any patient records, both the patients and DASA should be notified how to access the records. Refer to WAC 388-805-320(3)(5), patient record system. 	
(g) A copy of the report of findings from a criminal background check of any new owner of five percent or more of the organizational assets and new administrator when applicable.		
(3) The department must determine which, if any, WAC 388-805-015 or 388-805-020 requirements apply to the potential new service provider, depending on the extent of ownership and operational changes.	Certification is not transferable from one or more owners to a new owner.	To ensure continuity of certification and patient care, it is a DASA Certification Section priority to coordinate the date of certification transfer from one owner to another.
(4) The department may grant certification to the new owner when the new owner:	Potential new owners are encouraged to submit application materials as far ahead of time as possible, up to 120 days.	
(a) Successfully completes the application process; and		
(b) Ensures continuation of compliance with rules of this chapter and implementation of plans of correction for deficiencies relating to this chapter, when applicable.		
WAC 388-805-110 What do I do to relocate or remodel a facility?		
When a certified chemical dependency service provider plans to relocate or change the physical structure of a facility in a manner that affects patient care, the provider must:	<ul style="list-style-type: none"> Some changes may affect patient privacy, confidentiality, safety, or security. 	A Certification Specialist will review a request within 30 days.

WAC 388-805-110 WHAT DO I DO TO RELOCATE OR REMODEL A FACILITY?

Page 26

(1) Submit a completed agency relocation approval request form, or a request for approval in writing if remodeling, sixty or more days before the proposed date of relocation or change.	<ul style="list-style-type: none"> The current owner can request an application form for relocation or remodeling from DASA: Division of Alcohol and Substance Abuse Certification Section PO Box 45330 Olympia, WA 98504-5330 Phone: (360) 438-8052. Refer to WAC 388-805-125(5), relocation without prior notification. 	
(2) Submit a sample floor plan that includes information identified under WAC 388-805-015(2)(f) through (k).	Residential providers who relocate or remodel must also notify the Department of Health, Facilities and Services Licensing. Call (360) 236-2935 to request an application.	Review application materials. Providers must notify DASA in order to maintain certification.
(3) Submit a completed facility accessibility self-evaluation form.	Refer to WAC 388-805-015(2)(m), facility accessibility self-	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	evaluation.	
(4) Provide for department examination of nonresidential premises before approval, as described under WAC 388-805-060.		The Certification Specialist or a Regional Administrator may do the initial on-site facility survey.
(5) Contact the department of health for approval before relocation or remodel if a residential treatment facility.		
WAC 388-805-115 How does the department deem national accreditation?		
(1) The department must deem accreditation by a national chemical dependency accreditation body, recognized by the department, if the treatment provider was initially certified by the department and when:	DASA has interagency agreements with the following national accreditation organizations: <ul style="list-style-type: none"> • CARF: The Rehabilitation Accreditation Commission; • JCAHO: The Joint Commission on Accreditation of Health Care Organizations; and, • COA: The Council on Accreditation for Children and Family Services, Inc. • In March 1996, a Deeming Oversight Committee approved policies and procedures for recognizing national accreditation organizations. 	
(a) A major portion of the national accreditation body requirements meet or exceed chapter 388-805 WAC requirements;	Each provider who is accredited by a recognized national accreditation organization should notify DASA if deeming is to be considered.	
(b) The national accreditation time intervals meet or exceed state expectations;	DASA's current schedule is to survey at least every three years.	
(c) The provider notifies the department of scheduled on-site surveys;	After the first accreditation, and with a provider's written consent, the accreditation agency will forward copies of survey-related correspondence to DASA.	
(d) The provider promptly sends a copy of survey findings, corrective action plans, and follow-up responses to the department; and	"Promptly" means within 60 days of completion of the on-site visit and corrective action responses. See (c) above.	
(e) WAC 388-805-001 through 388-805-135 continue to apply at all times.	Definitions, modalities, applications, penalties, closures, relocations, etc., all still apply.	All applications, requests, and basic rules remain as they are.

WAC 388-805-115 HOW DOES THE DEPARTMENT DEEM NATIONAL ACCREDITATION?

Page 27

(2) The department may apply an abbreviated department survey, which includes requirements specific to Washington state at its regular certification intervals.	The abbreviated form was approved to be implemented effective May 1, 1996. It is subject to change if state law or policies change, and if state or accreditation standards change. The provider can complete the abbreviated form as a self-survey unless on-site survey assistance is requested. CDP and CDP Trainee qualifications unique to WA State are among those requirements monitored by the department.	DASA compared requirements and procedures of national accreditation bodies with state requirements and deems similar requirements as meeting state certification rules. Certification fees are adjusted accordingly.
(3) The department must act upon:		
(a) Complaints received; and		Screen and investigate complaints as necessary.
(b) Deficiencies cited by the national accreditation body for which there is no evidence of correction.		Review documents sent to DASA.
WAC 388-805-120 How does the department assess penalties?		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(1) When the department determines that a service provider fails to comply with provider entry requirements or ongoing requirements of this chapter, the department may:	<ul style="list-style-type: none"> Examples of non-compliance which could result in a penalty are repetitive problems requiring extra on-site visits; substantial deficiencies resulting in suspensions with consequent added correspondence and legal coordination. Refer to WAC 388-805-330, reporting patient noncompliance. 	Notify DASA contract managers of actions taken or pending, since treatment contractors are required to be certified.
(a) Assess fees to cover costs of added certification activities;		
(b) Cease referrals of new patients who are recipients of state or federal funds; and	Cease referrals means agencies are not to admit any new patients who receive state or federal funds.	
(c) Notify the county alcohol and drug coordinator and local media of ceased referrals, involuntary cancellations, suspensions, revocations, or nonrenewal of certification.	The intent is to notify patients and staff of the quality of services so that patients can make an informed decision about their care and counselor interns can make decisions about their training.	
(2) When the department determines a service provider knowingly failed to report, as ordered by the court pursuant to chapter 46.61 RCW, a patient's noncompliance with treatment, the department must assess the provider a fine of two hundred fifty dollars for each incident of nonreporting.	"Each incident" is defined as the date the provider learned of a patient's non-compliance, not the date the Certification Specialist verified it. Instances of non-compliance may be found in one or more records. This rule applies only to incidents occurring after the effective date of the Omnibus Drunk Drivers Act, July 1, 1994.	
WAC 388-805-125 How does the department cancel certification?		
The department may cancel a provider's certification if the provider:	<ul style="list-style-type: none"> The provider has appeal rights on any negative actions. See WAC 388-805-135. No service delivery to a patient is documented during previous few months and no specific plan to deliver services in the future. If any services will be closed, each patient shall be: given 30 days notice, assisted with relocation, given refunds to which they are entitled, and advised how to access their records. Refer to WAC 388-805-305(1)(n). 	
(1) Ceases to provide services for which the provider is certified.		

WAC 388-805-125 HOW DOES THE DEPARTMENT CANCEL CERTIFICATION?

Page 28

(2) Voluntarily cancels certification.		DASA needs a written request from the provider to cancel certification of one or more services.
(3) Fails to submit required certification fees.	No certification fee received within 60 days of mailing invoice.	
(4) Changes ownership without prior notification and approval.	Change of owner(s) without 60 days notice to DASA and without approval. Refer to WAC 388-805-105.	
(5) Relocates without prior notification and approval.	Agency relocates without 60 days notice to DASA and without approval. Refer to WAC 388-805-110.	
WAC 388-805-130 How does the department suspend or revoke certification?		
(1) The department must suspend or revoke a provider's certification when a disqualifying situation described under WAC 388-805-065 applies to a current service provider.	When any service is closed, each patient shall be: given 30 days notice, assisted with relocation, given refunds to which they are entitled, and advised how to access their records. Refer to WAC 388-805-305(1)(n).	
(2) The department must revoke a provider's certification when		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
the provider knowingly failed to report, as ordered by the court pursuant to chapter 46.61 RCW, within a continuous twelve-month period, three incidents of patient noncompliance with treatment ordered by the court.		
(3) The department may suspend or revoke a provider's certification when any of the following provider deficiencies or circumstances occur:		
(a) A provider fails to provide the essential requirements of chemical dependency treatment as described in WAC 388-805-100(2), and one or more of the following conditions occur:		
(i) Violation of a rule threatens or results in harm to a patient;	"Threatens" means a risk of harm to a patient can be identified.	
(ii) A reasonably prudent provider should have been aware of a condition resulting in a significant violation of a law or rule;	For these purposes, "reasonably prudent" means that a person is in a position: 1. In which he or she cannot function effectively without knowledge of rules and laws governing chemical dependency treatment; and, 2. Which would allow or require him/her to know if rules and laws are being violated.	
(iii) A provider failed to investigate or take corrective or preventive action to deal with a suspected or identified patient care problem;	This includes failure of the provider to report violations of counseling staff to the Department of Health, Counselor/Chemical Dependency Professional Program, at (360) 236-4700, as required under RCW 18.19.	Complaints are investigated prior to any determination of validity.
(iv) Noncompliance occurs repeatedly in the same or similar areas;	The provider demonstrates either an inability to correct a deficiency or inability to sustain correction.	See complaint and survey findings.
(v) There is an inability to attain compliance with laws or rules within a reasonable period of time;	"Reasonable period of time" is based on the judgment of the department, in consultation with the provider, and the immediacy of the problem as it affects patient care and the treatment plan.	See complaint and survey findings.
(b) The provider fails to submit an acceptable and timely plan of correction for cited deficiencies; or		

WAC 388-805-130 HOW DOES THE DEPARTMENT SUSPEND OR REVOKE CERTIFICATION?

Page 29

(c) The provider fails to correct cited deficiencies.		
(4) The department may suspend certification upon receipt of a provider's written request. Providers requesting voluntary suspension must submit a written request for reinstatement of certification within one year from the effective date of the suspension. The department will review the request for reinstatement, determine if the provider is able to operate in compliance with certification requirements, and notify the provider of the results of the review for reinstatement.		
WAC 388-805-135 What is the prehearing, hearing and appeals process?		
(1) In case of involuntary certification cancellation, suspension, or revocation of the certification, or a penalty for noncompliance, the department must:		The Department must cancel, revoke, or suspend approval within 28 days of receipt of the notice by the service provider, or after all appeals are exhausted.
(a) Notify the service provider and the county coordinator of		Notices apply to both public and private agencies.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
any action to be taken; and		<p>All notices of involuntary change in status and departmental action are sent to: the provider, county coordinator, DASA regional administrator, and DASA's Assistant Attorney General.</p> <p>Copies of notices are also sent, as appropriate, to: Department of Health, if residential; CSAT and DEA, if opiate dependency treatment; and the Driver Improvement section of the DOL.</p>
(b) Inform the provider of pre-hearing and dispute conferences, hearing, and appeal rights under chapter 388-02 WAC.	<p>Within 28 days of receipt of the decision, a provider contesting a department decision should file a written application for an adjudicative proceeding. The application must include a method showing proof of receipt by the department's office of administrative hearings and include:</p> <ul style="list-style-type: none"> • A specific statement of the issues and law involved. • Grounds for contesting the department decision; and • A copy of the contested department decision. <p>Written applications for adjudicative proceedings are to be mailed to the agencies regional Office of Administrative Hearings:</p> <ul style="list-style-type: none"> • Spokane Office of Administrative Hearings (Social and Health Services) South 136 Arthur Street Spokane, Washington 99202-2254 Phone: (509) 533-2466 Toll Free: (800) 366-0955 • Yakima Office of Administrative Hearings Liberty Building 32 North Third Street, Suite 320 Yakima, Washington 98901-2730 Phone: (509) 575-2147 Toll Free: (800) 843-3491 	

WAC 388-805-135 WHAT IS THE PREHEARING, HEARING AND APPEALS PROCESS?

Page 30

	<ul style="list-style-type: none"> • Everett Office of Administrative Hearings 2722 Colby Avenue, Suite 610 Mail stop: TE-05 Everett, Washington 98201-3571 Phone: (425) 339-1921 Toll Free: (800) 583-8261 • Seattle Office of Administrative Hearings (Social and Health Services) Securities Building 1904 3rd Avenue, Suite 722 Mail stop: TS-02 Seattle, Washington 98101-1100 Phone: (206) 464-6322 Toll Free: (800) 583-8270 	
--	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> Olympia Office of Administrative Hearings (Social and Health Services) 2420 Bristol Court Southwest, 3rd Floor Mail stop: 42489 P.O. Box 42489 Olympia, Washington 98504-2489 Phone: (360) 753-2531 Toll Free: (800) 583-8271 Vancouver Office of Administrative Hearings 800 Franklin Street, 1st Floor Vancouver, Washington 98660 Phone: (360) 690-7189 Toll Free: (800) 243-3451 	
(2) The department may order a summary suspension of the provider's certification pending completion of the appeal process when the preservation of public health, safety, or welfare requires emergency action.	See definition of summary suspension.	
SECTION V. ORGANIZATIONAL STANDARDS		
WAC 388-805-140 What are the requirements for a provider's governing body?		
The provider's governing body, legally responsible for the conduct and quality of services provided, must: (1) Appoint an administrator responsible for the day-to-day operation of the program.	See "administrator" and "governing body" definition. In a sole proprietorship, the governing body and the administrator could be the same person. In some cases, the administrator may be a member of the governing body.	Refer to WAC 388-805-150 for policies needed on this section.
(2) Maintain a current job description for the administrator including the administrator's authority and duties.	If the administrator is not a counselor and assigned those duties, the administrator would not be involved in providing treatment.	Review the administrator's personnel file.

WAC 388-805-140 WHAT ARE THE REQUIREMENTS FOR A PROVIDER'S GOVERNING BODY?

Page 31

(3) Establish the philosophy and overall objectives for the treatment services.	<ul style="list-style-type: none"> Refer to WAC 388-805-150(4), philosophy and objectives. RCW 70.96A states it is the intent of the Legislature to acknowledge that all chemical dependencies including alcoholism are diseases. 	See administrative manual.
(4) Notify the department within thirty days, of changes of the agency administrator.	A member of the governing body should send written notice to: Division of Alcohol and Substance Abuse Certification Section PO Box 45330 Olympia, WA 98504-5330 Phone: (360) 438-8052 Fax: (360) 438-8057.	
(5) Provide personnel, facilities, equipment, and supplies necessary for the safety and care of patients.	Refer to definition of "discrete treatment service" and WAC 388-805-155 for non-residential facilities.	Tour the facility; review administrative P&Ps.
(6) If a nonresidential provider, ensure:	Residential providers have the same requirements, but are monitored by DOH by WAC 246-326.	Cross reference with WAC 388-805-150(16), facility security.
(a) Safety of patients and staff; and		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(b) Maintenance and operation of the facility.		
(7) Review and approve written administrative, personnel, and clinical policies and procedures required under WAC 388-805-150, 388-805-200, and 388-805-300.	The intent is that policies be developed by, or with the help of, those who use them, and readily available to those who need them.	Look for the dated signature of the governing body representative indicating approval of each policy. The signature could be on a log-type cover sheet, or on each individual policy. If initials are used, there should be an authentication record. If policies are maintained electronically, unique electronic passwords, biophysical or passcard equipment are acceptable methods of authentication.
(8) Ensure the administration and operation of the agency is in compliance with:		
(a) Chapter 388-805 WAC requirements;		
(b) Applicable federal, state, tribal, and local laws and rules; and	This includes ADA requirements, Labor and Industries (bloodborne pathogens), TB control, Washington State Patrol (Criminal Background Checks), DOH (food service sanitation), local fire inspections, local business licenses, certificate of occupancy, etc.	
(c) Applicable federal, state, tribal, and local licenses, permits, and approvals.	In addition, need current DASA certificate of approval.	Review administrative manual for evidence of licenses, certificates, and fire inspections, annually or as required by the local fire inspector.
(9) The governing body of a certified opiate substitution treatment program must ensure that treatment is provided to patients in compliance with 42 Code of Federal Regulations, Part 8.12.		
WAC 388-805-145 What are the key responsibilities required of an agency administrator?		
(1) The administrator is responsible for the day-to-day operation of the certified treatment service, including:	Refer to WAC 388-805-140(4), governing body requirements.	
(a) All administrative matters;		
(b) Patient care services; and		
(c) Meeting all applicable rules and ethical standards.		

WAC 388-805-145 WHAT ARE THE KEY RESPONSIBILITIES REQUIRED OF AN AGENCY ADMINISTRATOR?

Page 32

(2) When the administrator is not on duty or on call, a staff person must be delegated the authority and responsibility to act in the administrator's behalf.	<ul style="list-style-type: none"> The administrator remains responsible for the actions of the designee. Clinical responsibilities should be delegated to a clinical person; administrative and fiscal responsibilities to an administrative/fiscal person. This could be the same person. The administrator's authority should be delegated to a staff member, not a person currently a patient of the facility. This person should be identified by job title or by name in the policy, and this function included in the job description. 	Review delegation of authority policy per WAC 388-805-150(8).
(3) The administrator must ensure administrative, personnel, and clinical policy and procedure manuals:	The intent is that policies be developed by, or with the help of, those who use them, and readily available to those who need them. The manuals should be used as a reference.	
(a) Are developed and adhered to;		
(b) Are reviewed and revised as necessary, and at least annually.	Refer to WAC 388-805-200(5), staff orientation.	Review policy and procedures. Interview staff members if necessary regarding their awareness of these policies and procedures.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(4) The administrator must employ sufficient qualified personnel to provide adequate chemical dependency treatment, facility security, patient safety and other special needs of patients.	Staffing requirements differ for each certified service, e.g., an IOP would have more CDC staffing than OP.	
(5) The administrator must ensure all persons providing counseling services are registered, certified or licensed by the department of health.		
(6) The administrator must ensure full-time chemical dependency professionals (CDPs), CDP trainees, or other licensed or registered counselors in training to become a CDP do not exceed one hundred twenty hours of patient contact per month.	Full time means full time equivalent (FTE). Part-time would be pro-rated. If a FTE cannot exceed 120 hours, a half-time person cannot exceed 60 hours, and so on.	
(7) The administrator must assign the responsibilities for a clinical supervisor to at least one person within the organization.		
(8) The administrator of a certified opiate substitution treatment program must ensure that the number of patients will not exceed three hundred and fifty unless authorized by the county in which the program is located.		
(9) The administrator or program sponsor of a certified opiate substitution treatment program must ensure that treatment is provided to patients in compliance with 42 Code of Federal Regulations, Part 8.12.		
WAC 388-805-150 What must be included in an agency administrative manual?		
Each service provider must have and adhere to an administrative manual that contains at a minimum:		
(1) The organization's:		
(a) Articles and certificate of incorporation if the owner is a corporation;		
(b) Partnership agreement if the owner is a partnership; or		
(c) Statement of sole proprietorship.		
(2) The agency's bylaws if the owner is a corporation;		

WAC 388-805-150 WHAT MUST BE INCLUDED IN AN AGENCY ADMINISTRATIVE MANUAL?

Page 33

(3) Copies of a current master license and state business licenses or a current declaration statement that they are updated as required.	<ul style="list-style-type: none"> • Refer to WAC 388-805-015 (2)(e) or 140(8). • State business licenses are listed on the master business license. Call Dept. of Licensing at (360) 664-1400 for information. • The master business license must be current. • The annual certification declaration statement should be updated annually. 	
(4) The provider's philosophy on and objectives of chemical dependency treatment with a goal of total abstinence, consistent with RCW 70.96A.011.	<ul style="list-style-type: none"> • RCW 70.96A states it is the intent of the Legislature to acknowledge that all chemical dependencies including alcoholism are diseases. • Refer to WAC 388-805-140(3), philosophy and overall objectives. 	Review philosophy for recognition of chemical dependency, including alcoholism, as a disease and a treatment goal of abstinence.
(5) A policy and procedures describing how services will be made sensitive to the needs of each patient, including assurance that:	<p>Sensitivity includes policies on staff competencies that are sensitive to the patient populations served.</p> <p>See if individual treatment plans reflect sensitivity to gender,</p>	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	culture, and special needs.	
(a) Certified interpreters or other acceptable alternatives are available for persons with limited English-speaking proficiency and persons having a sensory impairment; and	<ul style="list-style-type: none"> For patients funded in any part by state or federal substance abuse money through DASA, certified interpreters must be obtained under contract. Funding for this service will be provided by DASA; therefore, the interpreters must contract directly with DASA. Please contact DASA's Interpreter Service Coordinator at (360) 438-8499. Section 504 of Public Law 93-112, the Rehabilitation Act, and RCW 49.60 prohibit discrimination against qualified handicapped persons in programs, services, and benefits. 	
(b) Assistance will be provided to persons with disabilities in case of an emergency.		Verify that the procedure specifies how assistance will be provided.
(6) A policy addressing special needs and protection for youth and young adults, and for determining whether a youth or young adult can fully participate in treatment, before admission of:	See definitions of adolescent, child, and adult/young adult.	<p>See if policy addresses the following criteria for determining whether a person can "fully participate in treatment":</p> <ul style="list-style-type: none"> - Maturity level - Developmental level - Victimization history - Predatory history - Living situation (alone, independent, or dependent) - Special needs; management issues.
(a) A youth to a treatment service caring for adults; or		
(b) A young adult to a treatment service caring for youth.		
(7) An organization chart specifying:	<ul style="list-style-type: none"> Vacant positions should be identified on the organizational chart. Refer to WAC 388-805-020, branch agency or added service. 	Review organization chart and take into consideration the numbers of paid staff and other persons may fluctuate depending on census; and some positions are part-time. Review organization chart, job descriptions, and delegation of authority policy for consistency of titles and functions.
(a) The governing body;		
(b) Each staff position by job title, including volunteers, students and persons on contract; and		
(c) The number of full- or part-time persons for each position.		

WAC 388-805-150 WHAT MUST BE INCLUDED IN AN AGENCY ADMINISTRATIVE MANUAL?

Page 34

(8) A delegation of authority policy;	Refer to WAC 388-805-145(2), delegation of authority and responsibility.	
(9) A copy of current fee schedules;	For residential providers, this includes listing of personal care items that will be provided by the agency, and those for which the patient will be responsible.	Review patient fee schedule.
(10) A policy and procedures implementing state and federal regulations on patient confidentiality, including provision of a summary of 42 CFR Part 2.22(a)(1) and (2) to each patient.	<ul style="list-style-type: none"> State: RCW 70.96A.150 Records and 70.02, Medical Records. Federal: 42 CFR (Code of Federal Regulations), Part 2 Also see Patients Rights, WAC 388-805-305(3) regarding consents. 	Look for P&Ps protecting patient identity and treatment information. Ensure patients get a written summary of CFR requirements, which refer to the CFR by name. See personnel files for confidentiality statements signed by all staff members. Review patient records for consent to release information, when needed.
(11) A policy and procedures for reporting suspected child abuse and neglect.	Per RCW 26.44 and 42 CFR, Part 2.12 (C)(6). It is important that providers report any indicator(s) which cause them to suspect neglect and/or abuse. See summary of child abuse issues in the appendix. Indian tribes may need to follow the Indian Child Welfare Act.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(12) A policy and procedures for reporting the death of a patient to the department within one business day when:	<ul style="list-style-type: none"> Immediate notification of the circumstances of the death (if known), and that appropriate measures were taken. This should be reported on the day of the death, or the next working day. Contact the Supervisor of the DASA Certification Section at (360) 438-8056 or toll free (877) 301-4557. 	
(a) The patient is in residence; or		
(b) An outpatient dies on the premises.		
(13) Patient grievance policy and procedures.	Refer to WAC 388-805-200(5)(c).	Review policy and procedures. Check what was done to follow up on reported grievances.
(14) A policy and procedures on reporting of critical incidents and actions taken to the department within two business days when an unexpected event occurs.	Incidents may be recorded in the patient's record, personnel file (incidents involving staff), or a central record for incidents. See definition of "Critical incidents."	Review incident reports regarding both staff and patients.
(15) A smoking policy consistent with the Washington Clean Indoor Air Act, chapter 70.160 RCW.	<ul style="list-style-type: none"> Smoking policy should be posted or provided to staff and patients. There could be a designated smoking room if well ventilated. It may not be a therapy or eating area. Refer to Labor and Industries requirements under WAC 296-307-59005 and 296-307-59010. 	Review smoking policy and its implementation throughout the facility. If smoking is permitted indoors, check to see if it is confined to a designated room well ventilated to the outside.
(16) For a residential provider, a facility security policy and procedures, including:		
(a) Preventing entry of unauthorized visitors; and		
(b) Use of passes for leaves of patients.		
(17) For a nonresidential provider, an evacuation plan for use in the event of a disaster, addressing:	<ul style="list-style-type: none"> This conforms to ADA evacuation plan requirements. The evacuation plan should address the most likely occurring disasters for the area, such as fire, earthquakes, bomb threats, floods, and toxic spills. 	DOH monitors evacuation plans of residential providers. DASA reviews the evacuation plan for non-residential providers and how the plan is communicated to patients. Review personnel files to see if staff are oriented to the plan.

WAC 388-805-150 WHAT MUST BE INCLUDED IN AN AGENCY ADMINISTRATIVE MANUAL?

Page 35

(a) Communication methods for patients, staff, and visitors including persons with a visual or hearing impairment or limitation;	Recommend annual, documented evacuation drills.	
(b) Evacuation of mobility-impaired persons;		
(c) Evacuation of children if child care is offered;		
(d) Different types of disasters;		
(e) Placement of posters showing routes of exit; and		
(f) The need to mention evacuation routes at public meetings.	"Public meeting" is a group meeting where a non-patient or a non-staff person is present.	Note posted evacuation routes.
WAC 388-805-155 What are the requirements for		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
provider facilities?		
(1) The administrator must ensure the treatment service site:		
(a) Is accessible to a person with a disability;	Public Law 98-514 (1986), the Tax Reform Act, permits businesses to deduct up to \$35,000 per tax year for costs incurred in removal of qualified architectural barriers. (Made permanent by Section 244, IRC 190.)	If not in compliance, develop a plan that will make the building or agency accessible or develop policies and procedures to refer the clients to an agency that is accessible.
(b) Has a reception area separate from living and therapy areas;		Tour facility to verify.
(c) Has adequate private space for personal consultation with a patient, staff charting, and therapeutic and social activities, as appropriate;	"Adequate" means not crowded, not cluttered, conducive to treatment, and provides for confidentiality.	
(d) Has secure storage of active and closed confidential patient records; and	"Secure" means locked room or files; inaccessible to persons other than staff with a "need to know" as identified in records policies.	
(e) Has one private room available if youth are admitted to a detox or residential facility.	The room can be used for "time out" or a sick room. See WAC 388-805-510(7) for separation of youth and adult sleeping rooms.	
(2) The administrator of a nonresidential facility must ensure:		Residential providers will meet the requirements of DOH.
(a) Evidence of a current fire inspection approval;	The local fire inspector within the expiration date notes "Current". It could be one or more years. If there is no date of expiration, "current" means one year.	Check inspection date and procedures for current review.
(b) Facilities and furnishings are kept clean, in good repair;	"Furnishings" include an adequate supply of chairs, linens, and such things necessary for cleanliness and comfort.	Note cleanliness, repair, and adequacy of rooms and furnishings during tour of facility.
(c) Adequate lighting, heating, and ventilation; and		
(d) Separate and secure storage of toxic substances, which are used only by staff or supervised persons.		Check storage area and safeguards to restrict access.

WAC 388-805-155 WHAT ARE THE REQUIREMENTS FOR PROVIDER FACILITIES?

Page 36

SECTION VI. HUMAN RESOURCE MANAGEMENT		
WAC 388-805-200 What must be included in an agency personnel manual?		
The administrator must have and adhere to a personnel manual, which contains policies and procedures describing how the agency: (1) Meets the personnel requirements of WAC 388-805-210 through 388-805-260.	<ul style="list-style-type: none"> P&Ps should clearly communicate personnel practices and what the provider expects of staff, as well as what staff may expect from the provider. For probation providers, the personnel requirements apply only to the assessment services staff members. See ADA Title I, on Employment. See RCW 49.60, Discrimination 	Applicability is determined by the qualifications of staff for positions to be assigned. Review entire personnel manual.
(2) Conducts criminal background checks on its employees in order to comply with the rules specified in RCW 43.43.830 through 43.43.842.	<ul style="list-style-type: none"> See RCW 43.43.832: "The Legislature finds that businesses and organizations providing services to children, developmentally disabled persons and vulnerable adults need adequate information to determine which employees or licensees to hire or engage. . . ." 	<p>Certification Specialists use detailed checklists to determine if the requirements of RCW 43.43.830-842 are met.</p> <p>Certification Specialists will review agency policies and procedures regarding what administrative actions are taken when prospective</p>

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> Persons shall not be excluded from employment based on former alcohol or drug use, former dysfunction, or former criminal convictions except as provided in RCW 9.96A. Call the Washington State Patrol, Identification Section at (360) 705-5100 to obtain forms for the criminal background checks (CBCs). This applies to all certified providers, including assessment, ADIS, and Information and Referral, since all these entities may be in a position of control over vulnerable persons. It applies to providers/staff, students, interns, contractors, and volunteers who may have direct unsupervised contact with vulnerable persons. It is recommended all staff have CBCs. RCW 43.43.834(5) requires that background checks are used only for initial hiring decisions, and that further dissemination of the results is prohibited. Results of background checks should be retained in the applicant's/employee's record in a sealed envelope clearly labeled: "Contains confidential background check information," along with the effective date, and the name of the person to whom it pertains. For a copy of the Background Check Resource Guide, August 2004, contact the Washington State Alcohol Drug Clearinghouse at http://clearinghouse.adhl.org/. Other information about criminal background checks is also available at the Washington State Patrol Web Site: http://www.wa.gov/wsp/crime/crimhist.htm#info or E-Mail: crimhis@wsp.wa.gov. 	employees, current employees, volunteers, contractors and students have criminal background checks that show disqualifying convictions per RCW 43.43.832.
(3) Provides a drug free work place which includes:	See the L & I "Safe Place Standards," WAC 296-800-11025.	
(a) A philosophy of nontolerance of illegal drug-related activity;		
(b) Agency standards of prohibited conduct; and		

WAC 388-805-200 WHAT MUST BE INCLUDED IN AN AGENCY PERSONNEL MANUAL?

Page 37

(c) Actions to be taken in the event a staff member misuses alcohol or other drugs.	Refer to RCW 18.130.180(23), and WAC 246-810-061, DOH regulations, which require an administrative person to report to DOH and DASA when a counselor's services are terminated or restricted for what may be unprofessional conduct. Phone DOH, Professional Licensing Services Division, Counselor/Chemical Dependency Professional Program, at (360) 236-4700 to register a complaint.	See P&Ps for compliance. Determine if the P&Ps requires the agency to report counselors to DOH in the event of unprofessional conduct, or the person is unable to practice with reasonable skill.
(4) If a nonresidential provider, provides for prevention and control of communicable disease, including specific training and procedures on:		
(a) Bloodborne pathogens, including HIV/AIDs and Hepatitis B; (b) Tuberculosis; and (c) Other communicable diseases.	<ul style="list-style-type: none"> The Washington State Omnibus AIDs Act of 1988 requires all employees of certified agencies to be trained regarding HIV/AIDs. Refer to WAC 388-805-205(3)(b), training on bloodborne pathogens (BBPs), HIV/AIDs, and Hepatitis B. The Washington Industrial Safety and Health Administration (WISHA), through the Department of Labor and Industries 	Note availability of an exposure control plan, protective equipment and supplies if needed by the plan, training on universal infection control precautions. Review procedure for referral to health department for testing, vaccination, and follow-up of exposed persons.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<p>(L&I), adopted WACs (Chapter 296-62, Part J) that apply to all employers regarding Hepatitis B, HIV/AIDs, and other BBPs. Contact L&I for copies at (360) 902-5436. Web Site: http://www.lni.wa.gov/wisha/p-ts/tb.</p> <ul style="list-style-type: none"> • (c) "Other" very serious and sometimes fatal BBPs include Hepatitis C, Malaria, Viral Hemorrhagic Fever, and more. • Employers need to determine levels of risk of employees and educate staff about the cause and sources of these diseases, symptoms and treatment, vaccination and follow up counseling, spread and universal precautions, record keeping, and confidentiality. • RCW 70.28 requires Control of TB. Section .005 gives the Board of Health authority to enforce related regulations. Screening and control of TB is also required by the 1993 federal Substance Abuse Block Grant. • Refer to WAC 388-805-205(3)(a), copy of TB skin test. Consultation or educational materials for patients, clinicians, and health care workers can be obtained from DOH, TB Services, P.O. Box 47837, Olympia, WA 98504-7837. Phone: (360) 236-3443. Information about DOH STD is available at (360) 236-3460. • Please refer to DASA's Model TB Policies for assistance in setting up programs for the control of prevention of TB. For a copy of the Model TB Policies, call DASA at (360) 438-8052. 	
(5) Provides staff orientation prior to assigning unsupervised duties, including orientation to:	<ul style="list-style-type: none"> • Staff means employees, students, volunteers and contractors. This subsection does not apply to guest speakers and other visitors. • Staff members need to sign and date a record of orientation. • Refer to WAC 388-805-205(3)(d), record of orientation. 	<p>Review personnel, contract files, or other files for non-patient care staff, for:</p> <ul style="list-style-type: none"> - Documentation of orientation before being assigned work without supervision; - Signed confidentiality statement and orientation to the evacuation plan on the date of hire or employment.
(a) The administrative, personnel and clinical manuals;		

WAC 388-805-200 WHAT MUST BE INCLUDED IN AN AGENCY PERSONNEL MANUAL?

Page 38

(b) Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities;	<ul style="list-style-type: none"> • For counselors, unprofessional conduct is defined in RCW 18.130.180. Also need to ban all forms of sexual and racial harassment or oppression. • The ethical standards should also be used as a guide for non-counselor staff. • "Appropriate authority" includes DASA Certification Section; DOH Counselor/Chemical Dependency Professional Program, and counselor certification boards. • See model policy from National Association of Alcoholism and Drug Abuse Counselors (NAADAC), "Ethical Standards of Alcoholism and Drug Abuse Counselors," 12 principles: <ul style="list-style-type: none"> - Non-discrimination - Responsibility - Competence - Legal and moral standards - Client welfare - Confidentiality - Client relationships - Interprofessional relation 	<p>Review policy and procedures (P&P). Interview staff members, if necessary, regarding their awareness of these P&Ps.</p>
--	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> - Public statements - Publication credit - Remuneration - Societal obligations <p>The phone number for NAADAC is 1-800-548-0497.</p>	
(c) Staff and patient grievance procedures; and	<ul style="list-style-type: none"> • The written P&Ps require: <ul style="list-style-type: none"> -a statement of the grievance; -what to do if not readily resolved; -feedback to the aggrieved party when there is no further action; -specify time frames for the grieving party and the respondent for each step of the procedure; and, -who makes the final decision on resolution. • For discrimination complaints, a poster should be in evidence, away from administrative offices, so a person can call directly to state or federal authorities for help. Refer to the ADA Resource Guide for more information. Call DASA((360) 438-8052) for a copy of the guide. 	
(d) The facility evacuation plan.		
WAC 388-805-205 What are agency personnel file requirements?		
(1) The administrator must ensure that there is a current personnel file for each employee, trainee, student, volunteer, and for each contract staff person who provides or supervises patient care.		Review personnel files and related policies.
(2) The administrator must designate a person to be responsible for management of personnel files.	This limits access to personnel files and ensures completion and retention of files (for five years after termination for basic employment, wages, Social Security, and insurance information, and for three to five years for other softer employee file information, e.g., evaluations, letters, etc.). Refer to L&I standards: WAC 296-126-050, Employment Records. For more information you may contact The Department of Labor and Industries Web Site: http://www.lni.wa.gov/rules .	Determine name of designated person managing personnel files.
(3) Each person's file must contain:		

WAC 388-805-205 WHAT ARE AGENCY PERSONNEL FILE REQUIREMENTS?

Page 39

(a) A copy of the results of a tuberculin skin test or evidence the person has completed a course of treatment approved by a physician or local health officer if the results are positive;	<ul style="list-style-type: none"> • Results of TB tests, X-rays, or other medical reports need to be in the files. • TB tests are to be done on all staff upon employment, if they have not been tested in the six months preceding the date of hire. • L&I requires employee tests to be conducted every 3 months for workers in high-risk categories, every 6 months for workers in intermediate risk categories, and annually for low risk personnel. To determine employee risk at your agency, contact L&I, WISHA Services Division, P.O. Box 44655, Olympia, WA 98504-4655, Policies & Technical Services. Phone: (360) 902-5436. • For the purpose of TB testing, agency personnel includes each employee, trainee, student, volunteer, and contract staff persons who provide or supervise patient care. This does not apply to guest speakers, visitors, or non patient care contractors. 	
---	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> Consult the DASA Model TB Prevention and Control Policies (November 1995). Call DASA at (360) 438-8052 if a copy is needed. 	
(b) Documentation of training on bloodborne pathogens, including HIV/AIDS and hepatitis B for all employees, volunteers, students, and treatment consultants on contract; <ul style="list-style-type: none"> (i) At the time of staff's initial assignment to tasks where occupational exposure may take place; (ii) Annually thereafter for bloodborne pathogens; 	<ul style="list-style-type: none"> Type and duration of training should be appropriate to the duties of the staff. Trainers could use the booklet "Know, HIV Prevention Education," 2002 Revised Edition or its updates, offered at no charge by the state DOH, HIV Prevention and Education Services or could be certified by the American Red Cross. Call toll Free: (800) 272-2437 to order a copy. Training may be provided by agency staff, or by representatives from the local public health department, or state DOH HIV Prevention and Education Services. 	Review for documentation of completion of training.
(c) A signed and dated commitment to maintain patient confidentiality in accordance with state and federal confidentiality requirements; and	<ul style="list-style-type: none"> The commitment to maintain patient confidentiality should specifically refer to 42 CFR, Part 2. Contact DASA at (360) 438-8052 for a sample form. 	
(d) A record of an orientation to the agency as described in WAC 388-805-200(5).	This includes a review of all administrative, personnel, and clinical policies. Refer to WAC 388-805-200(5), staff orientation.	
(4) For residential facilities, documentation of current cardiopulmonary resuscitation (CPR) and first aid training for at least one person on each shift.	<ul style="list-style-type: none"> "Current" is usually annual CPR and every two years for First Aid if not otherwise noted on the certificate. Names of persons trained should be posted. Refer to WAC 388-805-410(1)(c)(i), current training for personnel. 	Review file for documented First Aid and CPR, for residential providers, so that at least one person is available on each shift. Determine how staff knows who is on shift and trained for emergency medical needs. Review work schedule of qualified staff. Verify training of those staff.
(5) Documentation of health department training and approval for any staff administering or reading a TB test.	<ul style="list-style-type: none"> Contact the state DOH TB program for information about training. Phone (360) 236-3443. Patients should be referred elsewhere for testing if there is not a trained staff member to conduct TB tests. 	

WAC 388-805-205 WHAT ARE AGENCY PERSONNEL FILE REQUIREMENTS?

Page 40

(6) Employees who have been patients of the agency must have personnel records:	It is recommended that employees in need of treatment seek a provider other than their own employer if feasible.	
(a) Separate from clinical records; and		
(b) Have no indication of current or previous patient status.	Documentation of chemical dependency treatment at the employing agency may not be in the personnel file. The file may include references to former patient status if volunteered by the employee on a resume or job application form. The employer may document actions such as referral to advisory services or changes of job duties or other employer actions due to misuse of chemicals.	
(7) In addition, each patient care staff member's personnel file must contain:	House managers, drivers, childcare staff, and outreach workers are considered patient care staff, in addition to counselors and licensed staff working with patients.	
(a) Verification of qualifications for their assigned position including: <ul style="list-style-type: none"> (i) For a chemical dependency professional (CDP): A copy of the person's valid CDP certification issued by the department of health (DOH); 	Verification for CDPs and CDP Trainees must include a current certificate from DOH for CDPs, or a current certificate from DOH as a registered counselor for CDP Trainees. The certificate must include the expiration date.	Check personnel files for a current chemical dependency professional certificate for CDPs or registered counselor certificate for CDPTs issued by DOH.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
<p>(ii) For approved supervisors: Documentation to substantiate the person meets the qualifications of an approved supervisor as defined in WAC 246-811-010.</p> <p>(iii) For each person engaged in the treatment of chemical dependency, including counselors, physicians, nurses, and other registered, certified, or licensed health care professionals, evidence they comply with the credentialing requirements of their respective professions;</p> <p>(iv) For probation assessment officers (PAO): Documentation that the person has met the education and experience requirements described in WAC 388-805-220;</p> <p>(v) For probation assessment officer trainees:</p> <p>(A) Documentation that the person meets the qualification requirements described in WAC 388-805-225; and</p> <p>(B) Documentation of the PAO trainee's supervised experience as described in WAC 388-805-230 including an individual education and experience plan and documentation of progress toward completing the plan.</p> <p>(vi) For information school instructors:</p> <p>(A) A copy of a certificate of completion of an alcohol and other drug information school instructor's training course approved by the department; and</p> <p>(B) Documentation of continuing education as specified in WAC 388-805-250.</p>	<p>The DOH, Counselor/Chemical Dependency Professional Program, is responsible for counselor registration and CDP certification. Call (360) 236-4700 for application information. The DOH CDP Program Website is https://fortress.wa.gov/doh/hpqa1/HPS7/Chemical_Dependency/default.htm.</p> <p>Other positions verification may include copies of transcripts, certificates, licenses, and letters or documented telephone conversations of employment recommendations from prior employers.</p>	

WAC 388-805-205 WHAT ARE AGENCY PERSONNEL FILE REQUIREMENTS?

Page 41

<p>(b) A copy of a current job description, signed and dated by the employee and supervisor which includes:</p> <p>(i) Job title;</p> <p>(ii) Minimum qualifications for the position;</p> <p>(iii) Summary of duties and responsibilities;</p> <p>(iv) For contract staff, formal agreements or personnel contracts, which describe the nature and extent of patient care services, may be substituted for job descriptions.</p>	<p>Contract staff members who provide patient care would not need a job description if all the elements are included in the service agreement. A copy of the contract statement of work will serve in lieu of a job description for a person on contract.</p>	<p>Review organization chart to determine staff providing or supervising direct care.</p>
<p>(c) A written performance evaluation for each year of employment:</p> <p>(i) Conducted by the immediate supervisor of each staff member; and</p> <p>(ii) Signed and dated by the employee and supervisor.</p>	<p>We recommend evaluating CDPs on continuing competencies. There is an example in TAP 21. TAP 21 can be obtained by calling The National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. Website: http://www.treatment.org/Taps.</p> <p>For continuing competency questions, contact the state DOH CDP Program at (360) 236-4700.</p> <p>Evaluations need to be done for students, volunteers, and patient care staff on contract, as well as regular staff.</p>	<p>Review policy on annual performance evaluations and verify they are completed on patient care staff.</p>

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
WAC 388-805-210 What are the requirements for approved supervisors of persons who are in training to become a chemical dependency professional?		
(1) When an administrator decides to provide training opportunities for persons seeking to become a chemical dependency professional (CDP), the administrator must assign an approved supervisor, as defined in WAC 388-805-005, to each chemical dependency professional trainee (CDPT), or other licensed or registered counselor.	This entire section applies to the supervision of CDPTs and/or licensed or certified counselors who are under supervision to become CDPs.	
(2) Approved supervisors must provide the CDPT or other licensed or registered counselor assigned to them with documentation substantiating their qualifications as an approved supervisor before the initiation of training.	Refer to WAC 388-805-145(4), sufficient qualified personnel.	
(3) Approved supervisors must decrease the hours of patient contact allowed under WAC 388-805-145(6) by twenty percent for each full-time CDPT or other licensed or registered counselor supervised.	<ul style="list-style-type: none"> If a CDP is supervising five full time trainees, no further patient care duties may be assigned. See definition of "patient contact." 	Verify less than 120 hours per month per counselor. Review staffing schedules and patient census.
(4) Approved supervisors are responsible for all patients assigned to the CDPT or other licensed or registered counselor under their supervision.	Staffing requirements differ for each certified service depending on the level of care and number of patients receiving services.	
(5) An approved supervisor must provide supervision to a CDPT or other licensed or registered counselor as required by WAC 246-811-048.		
(6) CDPs must review and co-authenticate all clinical documentation of CDPTs or other licensed or registered counselors.		

WAC 388-805-210 WHAT ARE THE REQUIREMENTS FOR APPROVED SUPERVISORS OF PERSONS WHO ARE IN TRAINING TO BECOME A CHEMICAL DEPENDENCY PROFESSIONAL?

Page 42

(7) Approved supervisors must supervise, assess and document the progress the CDP trainees or other licensed or registered counselors under their supervision are making toward meeting the requirements described in WAC 246-811-030 and 246-811-047. This documentation must be provided to CDP trainees or other licensed or registered counselors upon request.		
WAC 388-805-220 What are the requirements to be a probation assessment officer?		
A probation assessment officer (PAO) must:		
(1) Be employed as a probation officer at a misdemeanor probation department or unit within a county or municipality;		
(2) Be certified as a chemical dependency professional, or		
(3) Have obtained a bachelor's or graduate degree in a social or health sciences field and have completed twelve quarter or eight semester credits from an accredited college or university in courses that include the following topics:		
(a) Understanding addiction and the disease of chemical dependency;		
(b) Pharmacological actions of alcohol and other drugs;		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(c) Substance abuse and addiction treatment methods;		
(d) Understanding addiction placement, continuing care, and discharge criteria, including ASAM PPC criteria;		
(e) Cultural diversity including people with disabilities and it's implication for treatment;		
(f) Chemical dependency clinical evaluation (screening and referral to include co-morbidity);		
(g) HIV/AIDS brief risk intervention for the chemically dependent;		
(h) Chemical dependency confidentiality;		
(i) Chemical dependency rules and regulations.		
(4) In addition, a PAO must complete:		
(a) Two thousand hours of supervised experience as a PAO trainee in a state-certified DUI assessment service program if a PAO possesses a baccalaureate degree;		
(b) One thousand five hundred hours of experience as a PAO trainee in a state-certified DUI assessment service program if a PAO possesses a masters or higher degree.		
(5) PAOs, must complete fifteen clock hours each year or thirty clock hours every two years of continuing education in chemical dependency subject areas which will enhance competency as a PAO beginning on January 1 of the year following the year of initial qualification.	<ul style="list-style-type: none"> Relevant workshops, national conferences, college or university courses are accepted. In-service career education does not satisfy continuing education needs. In addition to chemical dependency training, examples include family treatment, family planning, and communication skills, such as speech, languages. 	Review personnel files. Establish year of initial qualification. Review CE documentation.

WAC 388-805-220 WHAT ARE THE REQUIREMENTS TO BE A PROBATION ASSESSMENT OFFICER?

Page 43

	<ul style="list-style-type: none"> Special populations include, but are not limited to, youth, pregnant women, ethnic minorities, IV drug users, parents, the homeless, persons with disabilities, fetal alcohol syndrome (FAS/FAE). Computer courses can be accepted for up to 25% of required CE. That is, up to 7.5 hours per two-year period. Exceptions may be considered if the courses are clinically oriented and work-related. 	
WAC 388-805-225 What are the requirements to be a probation assessment officer trainee?		
A probation assessment officer (PAO) trainee must: (1) Be employed as a probation officer at a misdemeanor probation department or unit within a county or municipality; and	Refer to WAC 388-805-200 for policies needed on this section.	
(2) Be directly supervised and tutored by a PAO.		Review personnel files.
WAC 388-805-230 What are the requirements for supervising probation assessment officer trainees?		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(1) Probation assessment officers (PAO) are responsible for all offenders assigned to PAO trainees under their supervision.		
(2) PAO trainee supervisors must:		
(a) Review and co-authenticate all trainee assessments entered in each offender's assessment record;		
(b) Assist the trainee to develop and maintain an individualized education and experience plan (IEEP) designed to assist the trainee in obtaining the education and experience necessary to become a PAO;		
(c) Provide the trainee orientation to the various laws and regulations that apply to the delivery of chemical dependency assessment and treatment services;		
(d) Instruct the trainee in assessment methods and the transdisciplinary foundations described in the addiction counseling competencies;		
(e) Observe the trainee conducting assessments; and		
(f) Document quarterly evaluations of the progress of each trainee.		
WAC 388-805-240 What are the requirements for student practice in treatment agencies?		
(1) The treatment provider must have a written agreement with each educational institution using the treatment agency as a setting for student practice.	<ul style="list-style-type: none"> Refer to WAC 388-805-200 for policies needed on this section. A student is a person registered at an accredited college or university. 	Review personnel files of students.
(2) The written agreement must describe the nature and scope of student activity at the treatment setting and the plan for supervision of student activities.		Review agreement for scope of student work experience.

WAC 388-805-240 WHAT ARE THE REQUIREMENTS FOR STUDENT PRACTICE IN TREATMENT AGENCIES?

Page 44

(3) Each student and academic supervisor must sign a confidentiality statement, which the provider must retain.		
WAC 388-805-250 What are the requirements to be an information school instructor?		
(1) An information school instructor must have a certificate of completion of an alcohol and other drug information school instructor's training course approved by the department if not a chemical dependency professional (CDP).		
(2) To remain qualified, the information school instructor must maintain information school instructor status by completing fifteen clock hours of continuing education if not a CDP:	Refer to WAC 388-805-200 for policies needed on this section. Refer to WAC 246-811-220 for continuing education requirements for CDPs.	Review personnel files of ADIS instructors.
(a) During each two-year period beginning January of the year following initial qualification; and		
(b) In subject areas that increase knowledge and skills in training, teaching techniques, curriculum planning and development, presentation of educational material, laws and rules, and developments in the chemical dependency field.	(b) In-service training does not satisfy this continuing education requirement. The first continuing education time period would be from February 1, 1994 (the adoption date of WAC 440-22) to 1-1-96. Then, from January to January.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
WAC 388-805-260 What are the requirements for using volunteers in a treatment agency?		
(1) Each volunteer assisting a provider must be oriented as required under WAC 388-805-200(5).	<ul style="list-style-type: none"> Refer to WAC 388-805-200(1) for policies needed on this section. Use of volunteers needs to be in accord with Labor and Industries requirements. Also see Personnel files, WAC 388-805-205(1). 	Review volunteer files.
(2) A volunteer must meet the qualifications of the position to which the person is assigned.		
(3) A volunteer may provide counseling services when the person meets the requirements for a chemical dependency professional trainee or is a chemical dependency professional.	Volunteers in clinical positions must be oriented to the clinical manual, as required by WAC 388-805-200(5).	
SECTION VII. PROFESSIONAL PRACTICES		
WAC 388-805-300 What must be included in the agency clinical manual?		
Each chemical dependency service provider must have and adhere to a clinical manual containing patient care policies and procedures, including: (1) How the provider meets WAC 388-805-305 through 388-805-350 requirements.	<ul style="list-style-type: none"> Refer to WAC 388-805-145(3), administrator requirements. There should be P&Ps on patient rights, conducting assessments, patient care plans, and maintaining a record system with appropriate contents. 	Review the clinical manual. Verify that practice reflects implementation of these policies. Document dates of review and revision.
(2) How the provider will meet applicable certified service standards for the level of program service requirements: Allowance of up to twenty percent of education time to consist of film or video presentations.	The policies and procedures should indicate the "usual" number of hours of treatment for each treatment service.	Determine which treatment services are provided. Review the number of hours for each service by reviewing the schedule of clinical and treatment activities.

WAC 388-805-300 WHAT MUST BE INCLUDED IN THE AGENCY CLINICAL MANUAL?

Page 45

(3) Identification of resources and referral options so staff can make referrals required by law and as indicated by patient needs.	<ul style="list-style-type: none"> Resource and referral options: Interpreters are required for publicly funded agencies, and others as able, per ADA requirements. Department of Health laws require referrals for communicable diseases, such as for HIV/AIDS, Hepatitis, and TB. Report to Child Protective Services as required by RCW 26.44 and Adult Protective Service as required by RCW 74.34. Some examples of other referral options and resources are: Domestic violence; First Steps: prenatal care, childbirth education, parenting education; child care, pregnancy risk reduction, and family planning; sexually transmitted diseases; gynecological examinations; mental health consultations and evaluations; and education. Other resources include the DASA Greenbook, United Way "Where to Turn" book, medical and dental services, 24 Hour Help Line, and self-help groups. If a CD treatment provider wishes to be certified to offer domestic violence counseling, contact the Division of Children and Family Services Domestic Violence program at (360) 902-7901. 	Review patient records, and interview patients and staff to identify problems and resolutions. Make sure all the patient's needs are met through appropriate referrals and resources.
---	--	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(4) Assurance that there is an identified clinical supervisor who:		
(a) Is a chemical dependency professional (CDP);		
(b) Reviews a sample of patient records of each CDP quarterly; and	The sample should be four records, or ten percent of each counselor's caseload, whichever is less.	Review records of current, transferred, and discharged patients.
(c) Ensures implementation of assessment, treatment, continuing care, transfer and discharge plans in accord with WAC 388-805-315.	Clinical supervisor monitors implementation.	
(5) Patient admission, continued service, and discharge criteria using PPC.	Patient admission or discharge into any treatment service should consider the patient's individual needs.	Look for P&Ps with criteria specific to each treatment service and verify they are followed. Review patient records.
(6) Policies and procedures to implement the following requirements:		
(a) The administrator must not admit or retain a person unless the person's treatment needs can be met;	Refer to WAC 388-805-310, chemical dependency assessments.	
(b) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must assess and refer each patient to the appropriate treatment service; and		
(c) A person needing detoxification must immediately be referred to a detoxification provider, unless the person needs acute care in a hospital.	<ul style="list-style-type: none"> Use ASAM Dimension I and ASAM Detoxification Services. If detoxification beds are not available, the detox and hospital administrators and persons making the referrals should confer to identify appropriate alternatives. 	Review policies, procedures, and patient records.
(7) Additional requirements for opiate substitution treatment programs:		
(a) A program physician must ensure that a person is currently addicted to an opioid drug and that the person became addicted at least one year before admission to treatment;		

WAC 388-805-300 WHAT MUST BE INCLUDED IN THE AGENCY CLINICAL MANUAL?

Page 46

(b) A program physician must ensure that each patient voluntarily chooses maintenance treatment and provides informed written consent to treatment;		
(c) A program physician must ensure that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient;		
(d) A person under eighteen years of age needing opiate substitution treatment is required to have had two documented attempts at short-term detoxification or drug-free treatment within a twelve-month period. A waiting period of no less than seven days is required between the first and second short-term detoxification treatment;		
(e) No person under eighteen years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant state authority consents in writing to treatment;		
(f) A program physician may waive the requirement of a one year history of addiction under subsection (7)(a) of this section, for patients released from penal institutions (within six months after release), for pregnant patients (program		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
physician must certify pregnancy), and for previously treated patients (up to two years after discharge);		
(g) Documentation in each patient's record that the service provider made a good faith effort to review if the patient is enrolled in any other opiate substitution treatment service;		
(h) When the medical director or program physician of an opiate substitution treatment program provider in which the patient is enrolled determines that exceptional circumstances exist, the patient may be granted permission to seek concurrent treatment at another opiate substitution treatment program provider. The justification for finding exceptional circumstances for double enrollment must be documented in the patient's record at both treatment program providers.		
(8) Tuberculosis screening for prevention and control of TB in all detox, residential, and outpatient programs, including:	<ul style="list-style-type: none"> Refer to WAC 388-805-325(8), patient record content for documentation requirements. Youth who can consent to treatment (RCW 70.96A.020(21)) can also consent to TB testing. RCW 70.28 requires control of TB. Section .005 of RCW 70.28 gives the Board of Health authority to enforce related regulations. Screening and control of TB is a requirement of the Federal Substance Abuse Block Grant. 	Review policy, procedures, and practices.
(a) Obtaining a history of preventive or curative therapy;		Review patient records.
(b) Screening and related procedures for coordinating with the local health department; and		Review policy, procedures, and practices.
(c) Implementing TB control as provided by the department of health TB control program.	(c) The provider should adopt model TB policies. Refer to model TB policies developed by DASA and DOH to meet this requirement. Call DASA at (360) 438-8052 for a copy.	
(9) HIV/AIDS information, brief risk intervention, and referral.		Review patient records.

WAC 388-805-300 WHAT MUST BE INCLUDED IN THE AGENCY CLINICAL MANUAL?

Page 47

(10) Limitation of group counseling sessions to twelve or fewer patients.	This group size also is required for continuing care groups. The limitation applies only to identified patients, not family members.	Validate group size.
(11) Counseling sessions with nine to twelve youths to include a second adult staff member.	The second adult person does not have to be a CDP.	Validate group size.
(12) Provision of education to each patient on:	<ul style="list-style-type: none"> In detoxification, these topics can be addressed by showing videos and having brochures available. Other topics and materials may be added as desired. (a, b, and c) should include family issues. Refer to WAC 388-805-325(12)(a) for documentation requirements. Education can be provided by an outside expert, a CDP or CDPT who has demonstrated knowledge of the topic. 	Review schedule of topics and materials available; Interview staff and patients as needed.
(a) Alcohol, other drugs, and chemical dependency;		
(b) Relapse prevention; and		
(c) HIV/AIDS, hepatitis, and TB.	<ul style="list-style-type: none"> Materials for HIV/AIDS may be obtained through the state HIV Prevention and Education Services, Phone 1-800-272-2437. Materials for TB education may be obtained through the State TB Control Program, Phone (360) 236-3443. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(13) Provision of education or information to each patient on:		Review P&Ps as to how this is accomplished; interview a few patients to verify implementation, or review patient record.
(a) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy;	This can be provided through brochures in the admission packet, or with brochures and fact sheets available in general use areas. Brochures can be obtained from the Department of Health, the First Steps program, American Lung Association, family planning clinics, etc. Videos and/or lectures are another good means of presenting information.	
(b) Emotional, physical, and sexual abuse; and		
(c) Nicotine addiction.		
(14) An outline of each lecture and education session included in the service, sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor.		
(15) Assigning of work to a patient by a CDP when the assignment:	<ul style="list-style-type: none"> Refer to WAC 388-805-305, patient rights. Other than for tasks of daily living, it may be appropriate to offer some remuneration for services rendered. Guidelines suggested by L&I Industrial Relations Analyst to be in compliance with RCW 49.46, the Minimum Wage Act, include: <ul style="list-style-type: none"> -Limiting work to two hours per day, five days per week; -Ensuring patients do not take the place of paid staff. -Ensuring counselor-related activities are not assigned to patients. 	<ul style="list-style-type: none"> Ask staff if current patients are assigned work. Look at individual treatment plans identifying the need for working on-site, and the person's therapeutic benefits. Interview patients as necessary. Check to see if patients are conducting counseling duties.

WAC 388-805-300 WHAT MUST BE INCLUDED IN THE AGENCY CLINICAL MANUAL?

Page 48

	<ul style="list-style-type: none"> "Work" is not homework, but physical or mental effort or labor the person would not ordinarily do for him/herself. <p>Refer to L&I Employment Standards. Call 1-800-547-8367 or http://www.lni.wa.gov/scs/Workstandards.</p>	
(a) Is part of the treatment program; and		
(b) Has therapeutic value.		
(16) Use of self-help groups.	Self-help groups are those that address chemical dependency and include, but are not limited to AA, NA, CA, Marijuana Anonymous, ALANON, NARANON, ACOA/ACA, CODA, or Women in Recovery.	Review policy manual and patient records for referrals to and attendance at self-help groups consistent with treatment recommendations, the treatment plan, and legal requirements.
(17) Patient rules and responsibilities, including disciplinary sanctions for noncomplying patients.	Rules should be flexible, allowing for a range of options and circumstances, but ensure compliance with court-ordered treatment.	
(18) If youth are admitted, a policy and procedure for assessing the need for referral to child welfare services.	This may involve contacting the Division of Children and Family Services, DSHS, for such things as family reconciliation services and for out-of-home placement.	
(19) Implementation of the deferred prosecution program.	In accordance with RCW 10.05, the initial level of care is either intensive inpatient or intensive outpatient treatment in a state-approved alcoholism treatment program (initial placement is	Review policy, procedures, and patient records for implementation of deferred prosecution program.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	based on the initial assessment and PPC), followed by not less than weekly outpatient counseling, group or individual, for a minimum of six months, followed by not less than monthly outpatient contact, group or individual, for the remainder of the two-year deferred prosecution period. Monthly "outpatient contact" must initially be "outpatient treatment" until the patient's CDP or CDP trainee, under the supervision of a CDP, determines "outpatient treatment" is no longer "medically necessary" pursuant to the ASAM PPC at which time the remainder of the monthly "outpatient contact" may be completed in "monitoring services." Refer to RCW 10.05 for requirements for self-help group attendance.	Review patient records to ensure that there is documentation that clearly states when a patient no longer requires monthly "medically necessary" treatment services and is entering "monitoring services."
(20) Policy and procedures for reporting status of persons convicted under chapter 46.61 RCW to the department of licensing.	Assessment, Alcohol and Drug Information School, and treatment reports (using ACRC-510-410 Substance Assessment/Treatment Report form, formerly the "Blue Form") are only made to Department of Licensing (DOL) for persons who have been convicted of DUI/PC. Each agency must develop policy and procedures for required reporting which include a protocol to determine conviction status as well as guidelines to ensure that treatment reports are made within five days and are made consistent with 42 CFR Part 2.	Review agency policy and procedures for reporting persons convicted under RCW 46.61 to DOL. The policy and procedure should include a protocol to determine the conviction status of the person being assessed and that reports to DOL are only made for persons convicted of DUI/PC. Treatment reports should be sent to DOL within 5 days. All reports must be made consistent with the requirements of 42 CFR Part 2.
(21) Nonresidential providers must have policies and procedures on:	<ul style="list-style-type: none"> • Policies should be developed with medical, nursing, and mental health consultation. • The policies and procedures should describe how the agency obtains the medical, psychological, and psychiatric services necessary. 	
(a) Medical emergencies;		
(b) Suicidal and mentally ill patients;		

WAC 388-805-300 WHAT MUST BE INCLUDED IN THE AGENCY CLINICAL MANUAL?

Page 49

(c) Laboratory tests, including UA's and drug testing;	<ul style="list-style-type: none"> • Policies should include who does the tests when the patient does not have a private physician; where the lab work will be done, and who pays, and the urinalysis policy needs to identify who reviews and acts on the results. • Refer to WAC 388-805-325 (11), patient record requirements. 	
(d) Services and resources for pregnant women: (i) A pregnant woman who is not seen by a private physician must be referred to a physician or the local First Steps maternity care program for determination of prenatal care needs; and (ii) Services include discussion of pregnancy specific issues and resources.	<ul style="list-style-type: none"> • All Medicaid-eligible pregnant substance abusing women are eligible for First Steps maternity case management. • Examples of referral resources are a private physician, midwife, a local maternity support services provider. Call your local health department, or DSHS Community Service Office, or First Steps headquarters at (360) 725-1310 for the nearest First Steps Program; maternity; case management; family planning; medically supervised detox; WIC nutrition program; parenting classes; child care. Referral to First Steps case management will assist a pregnant woman in accessing appropriate maternity related services. 	Review policies and procedures. Review patient records and interview patients when appropriate. See if referrals were needed/made.
WAC 388-805-305 What are patients' rights requirements in certified agencies?		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(1) Each service provider must ensure each patient:		Check policy and procedures.
(a) Is admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria;		Review incident logs and interview patients, as necessary.
(b) Is reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;	<ul style="list-style-type: none"> Refer to WAC 388-805-300(1) for policies needed on this section. If there is a question about "reasonable accommodation," contact the Division of Access and Equal Opportunity at (360) 753-7049 or 1-800-521-8060 to discuss the circumstances and proposed resolution. It is illegal for a provider to pass expenses incurred in arranging communication or other accommodations on to the client in the form of an additional fee. (RCW 49.60 and PL 93-112.) For assistance in communicating with persons who are unable to hear or speak, call the TDD number at 1-800-521-8061. Disabilities include but are not limited to orthopedic, visual, speech, and hearing impairments; cerebral palsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, and TB. For interpreter assistance, call DASA at (360) 438-8499. 	

WAC 388-805-305 WHAT ARE PATIENTS' RIGHTS REQUIREMENTS IN CERTIFIED AGENCIES?

Page 50

(c) Is treated in a manner sensitive to individual needs and which promotes dignity and self-respect;		
(d) Is protected from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;	Refer to Appendix D for a discussion of "reasonable searches."	
(e) Has all clinical and personal information treated in accord with state and federal confidentiality regulations;	Federal confidentiality regulations are in 42 CFR Part 2; State law is RCW 70.96A.150 and RCW 70.02.	
(f) Has the opportunity to review the patient's own treatment records in the presence of the administrator or designee;	For DUI Assessment Services located in probation offices, this refers only to DUI assessment records, not other court or probation information.	
(g) Has the opportunity to have clinical contact with a same gender counselor, if requested and determined appropriate by the supervisor, either at the agency or by referral;		
(h) Is fully informed regarding fees charged, including fees for copying records to verify treatment and methods of payment available;	<ul style="list-style-type: none"> Copies of patient records must be made available to patients upon payment of "reasonable fees." Refer to WAC 246-08-400 for allowable charges. Refer to WAC 388-805-150(9), current fee schedule. 	
(i) Is provided reasonable opportunity to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. The patient has the right to refuse participation in any religious		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
practice;		
(j) Is allowed necessary communication: (i) Between a minor and a custodial parent or legal guardian; (ii) With an attorney; and (iii) In an emergency situation.	<ul style="list-style-type: none"> Patients need to be informed at admission regarding restricted communications. Denial of communication needs to be clinically necessary and documented. Incoming mail may be checked for contraband, by having the patient open and shake out mail in the presence of a staff person. Neither incoming nor outgoing mail can be read for any reason without consent. (j)(i) Refer to WAC 388-805-305(3)(h) for definition of parent. (j)(i) "Guardian" means a person legally placed in charge of the affairs of a minor or of a person incapable of managing one's own affairs. Custody or guardianship may be granted only through a court order. 	
(k) Is protected from abuse by staff at all times, or from other patients who are on agency premises, including: (i) Sexual abuse or harassment; (ii) Sexual or financial exploitation; (iii) Racism or racial harassment; and (iv) Physical abuse or punishment.	<ul style="list-style-type: none"> Confrontation therapy is appropriate when non-demeaning, and follows confrontation techniques. Characterization should relate to the disease, not the person. Abusive punishment includes being denied food, clothing, or other basic necessities. Corporal punishment is prohibited. Patient to patient abuse should be prevented. 	

WAC 388-805-305 WHAT ARE PATIENTS' RIGHTS REQUIREMENTS IN CERTIFIED AGENCIES?

Page 51

	<ul style="list-style-type: none"> Under RCW 26.44, CDPs and other professionals are mandated to report to CPS any time they suspect a child may have been abused or neglected. See definitions. See RCW 49.60 regarding discrimination. Providers receiving state or federal funds need to notify DASA contract managers or regional administrators of incidents in these areas. Threats of CPS reporting are not appropriate. Reports are not negotiable. If there is reason to suspect abuse or neglect, a report must be made. If there is not a reason to suspect, then a report cannot be made. The prospect of a CPS referral may never be used to coerce or to threaten a parent into making decisions about treatment. 	
(l) Is fully informed and receives a copy of counselor disclosure requirements described under RCW 18.19.060;	Follow DOH WAC 246-810-030, 246-810-031, 246-811-090 and 246-811-100. May use DOH's brochure or summarize the law, regarding protection of public health and safety and to empower patients by providing a complaint process for reporting unprofessional conduct; confidentiality; counselor qualifications; right to chose counselors, etc.	
(m) Receives a copy of patient grievance procedures upon request; and	Refer to WAC 388-805-200(5)(c), grievance policy and procedure.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(n) In the event of an agency closure or treatment service cancellation, each patient must be: (i) Given thirty days notice; (ii) Assisted with relocation; (iii) Given refunds to which the person is entitled; and (iv) Advised how to access records to which the person is entitled.	(ii) "Assisted with relocation" means relocation into treatment elsewhere.	
(2) A faith-based service provider must ensure the right of patients to receive treatment without religious coercion by ensuring that:		
(a) Patients must not be discriminated against when seeking services;		
(b) Patients must have the right to decide whether or not to take part in inherently religious activities; and		
(c) Patients have the right to receive a referral to another service provider if they object to a religious provider.		
(3) A service provider must obtain patient consent for each release of information to any other person or entity. This consent for release of information must include:	<ul style="list-style-type: none"> • Sample releases of information forms are available from DASA by calling (360) 438-8052. • Some agencies also require the release form to include what METHOD of release is authorized, e.g., mail, phone, FAX, hand carry, etc. • A new consent is NOT required when a patient is transferred to a different treatment service in the same treatment agency, even if the staff are different. 	

WAC 388-805-305 WHAT ARE PATIENTS' RIGHTS REQUIREMENTS IN CERTIFIED AGENCIES?

Page 52

	<ul style="list-style-type: none"> • It is becoming more important to have QSOAs or release of information consents between chemical dependency treatment providers and Departments of Health, because of the necessity to work together on certain communicable diseases, especially TB and HIV/AIDS. • To order a copy of <u>Confidentiality & Communication, A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA, 2003 Edition</u>, contact the Legal Action Center at 1-800-223-4044. 	
(a) Name of the consenting patient;		
(b) Name or designation of the provider authorized to make the disclosure;		
(c) Name of the person or organization to whom the information is to be released;	<ul style="list-style-type: none"> • If redisclosure is necessary for a local health department to report TB or HIV/AIDS information to the state department of health, it is recommended the authority for this redisclosure be incorporated into the original consent. See the TB model policy. • A single consent form can be used to authorize communications about a patient among more than two parties. Proper consent forms must name each recipient of an authorized disclosure, the specific information being 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	disclosed to each party, and the purpose of the disclosure. The most useful multiple-party consent form will be those that authorize the same kind and amount of information to be shared, for the same common purpose, among all those authorized to receive and/or disclose that information to one another.	
(d) Nature of the information to be released, as limited as possible;	Limit information to be released to specific information based on the extent of the recipient's "need to know." A general authorization for release of medical or other information is NOT sufficient.	
(e) Purpose of the disclosure, as specific as possible;		
(f) Specification of the date or event on which the consent expires;	<ul style="list-style-type: none"> Refer to RCW 70.02.030 and .050, Medical Records-Health Care Information, Access, and Disclosure regarding disclosure of patient information. In some cases, section 030 limits future disclosures to 90 days after the authorization was signed. Refer to 42 CFR, Part 2, 2.31(a)(9). A consent must last "...no longer than reasonably necessary to serve the purpose for which it is given." The consent form does not need to contain a specific expiration date, but may instead specify an event or condition. 	
(g) Statement that the consent can be revoked at any time, except to the extent that action has been taken in reliance on it;	<ul style="list-style-type: none"> This allows a patient to reconsider, and protects provider for disclosures already made or required by law or by a court. Refer to 42CFR, Part 2, 2.35 regarding disclosures to elements of the criminal justice system which have referred patients. 	

WAC 388-805-305 WHAT ARE PATIENTS' RIGHTS REQUIREMENTS IN CERTIFIED AGENCIES?

Page 53

(h) Signature of the patient or parent, guardian, or authorized representative, when required, and the date; and	<ul style="list-style-type: none"> "Parent" means a biological or adoptive parent who has legal custody of a child, including either parent if custody is shared under a joint custody agreement; or a person or agency judicially appointed in a court order as a guardian or custodian of a child. Also see definition of guardian in (1)(j) above. 	
(i) A statement prohibiting further disclosure unless expressly permitted by the written consent of the person to whom it pertains.	This can be accomplished by a statement by the patient on the authorization form, such as "I understand that my records are protected under federal regulations governing confidentiality . . . and cannot be disclosed without my written consent unless otherwise provided for in regulations."	
(4) A service provider shall notify patients that outside persons or organizations which provide services to the agency are required	These are often called Qualified Service Organization Agreements (QSOAs) and must be done consistent with 42	Review patient records for verification of notification.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
by written agreement to protect patient confidentiality.	CFR Part 2 criteria.	
(5) A service provider must notify an ADATSA recipient of the recipient's additional rights as required by WAC 388-800-0090.	See description of ADATSA under WAC 388-805-001.	Look for additional information provided to ADATSA patients. Observe posted rights in place accessible to ADATSA patients.
(6) The administrator must ensure a copy of patients' rights is given to each patient receiving services, both at admission and in case of disciplinary discharge.	This can be accomplished by a statement signed by the patient verifying receipt of patients' rights.	Review patient records for verification that patients were provided copies of patients' rights upon admission and disciplinary discharge.
(7) The administrator must post a copy of patients' rights in a conspicuous place in the facility accessible to patients and staff.	A copy of patient rights and grievance procedures should be posted in an area away from management offices.	Observe posted rights and grievance procedures.
WAC 388-805-310 What are the requirements for chemical dependency assessments?		
A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must conduct and document an assessment of each client's involvement with alcohol and other drugs. The CDP's assessment must include: (1) A face-to-face diagnostic interview with each client to obtain, review, evaluate, and document the following:	<ul style="list-style-type: none"> Other staff may gather information relevant to their expertise. However, information obtained by others should be forwarded to the CDP for consideration in their overall evaluation. Collect information necessary to satisfy all six ASAM PPC Dimensions. Refer to WAC 388-805-300 for policies needed on this section. 	Verify who conducts assessments, and their qualifications.
(a) A history of the client's involvement with alcohol and other drugs, including: (i) The type of substances used; (ii) The route of administration; and (iii) Amount, frequency, and duration of use.	<ul style="list-style-type: none"> Consider lifetime use of alcohol and drugs, family history of chemical dependency, and drug/alcohol related adverse physical, mental, and legal effects and current detoxification needs. "Other" drugs include nicotine and use of prescription drugs. 	Review client/patient records for documentation of history and all data required by these subsections.
(b) History of alcohol or other drug treatment or education;	Should include the number of times in treatment, dates, location, and outcomes. Also include history of nicotine use, abstinence efforts, and education.	
(c) The client's self-assessment of use of alcohol and other drugs; and		

WAC 388-805-310 WHAT ARE THE REQUIREMENTS FOR CHEMICAL DEPENDENCY ASSESSMENTS?

Page 54

(d) A relapse history.	It is recommended that agency staff members collect: <ul style="list-style-type: none"> The number of attempts to discontinue use; Motivation to discontinue use; Length of abstinence; Precipitating events to discontinued or resumed use; Length of time used, after return to use; and, Support group attendance. 	
(e) A legal history.	Legal history includes both driving and non-driving related offenses.	
(2) If the client is in need of treatment, a CDP or CDP trainee under supervision of a CDP must evaluate the assessment using PPC dimensions for the patient placement decision.	Review all six ASAM PPC dimensions to ensure placement in the appropriate level of treatment.	Review client/patient records; Look in the counselor's written summary for use of PPC in the placement decision.
(3) If an assessment is conducted on a youth, and the client is in	<ul style="list-style-type: none"> It is recommended that a provider that admits youth have a 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
need of treatment, the CDP, or CDP trainee under supervision of a CDP, must also obtain the following information:	CDP with youth experience on staff. • Utilize ASAM PPC Adolescent Criteria.	
(a) Parental and sibling use of drugs;	Include use of alcohol or other drugs by both father and mother or other legal custodian, before and after birth and in later years, as reported by the patient. This data could give information for referral for FAS/FAE or behavioral problems, as well as current safety and environmental issues.	
(b) History of school assessments for learning disabilities or other problems, which may affect ability to understand written materials;		
(c) Past and present parent/guardian custodial status, including running away and out-of-home placements;		
(d) History of emotional or psychological problems;		
(e) History of child or adolescent developmental problems; and		
(f) Ability of parents/guardians to participate in treatment.		
(4) Documentation of the information collected, including:	This information should assist with placement of the person in the most effective mode of treatment, and to help identify problems that may impact treatment success.	
(a) A diagnostic assessment statement including sufficient data to determine a patient diagnosis supported by criteria of substance abuse or substance dependence;	The diagnostic assessment statement needs to include identification of each drug of addiction or abuse. It is recommended that agencies use the DSM IV, or its successor, to provide a diagnostic assessment statement.	
(b) A written summary of the data gathered in subsections (1), (2), and (3) of this section that supports the treatment recommendation;	The written summary should reflect the assessing counselor's clinical impression of the written and verbal information (data) gathered throughout the assessment process.	

WAC 388-805-310 WHAT ARE THE REQUIREMENTS FOR CHEMICAL DEPENDENCY ASSESSMENTS?

Page 55

(c) A statement regarding provision of an HIV/AIDS brief risk intervention, and referrals made; and	Record and charting policy needs to be clear that only those with a "need to know" have access to records, and that discrimination does not occur. Significant findings need to be documented in the patient record or other secure place.	
(d) Evidence the client: (i) Was notified of the assessment results; and (ii) Documentation of treatment options provided, and the client's choice; or (iii) If the client was not notified of the results and advised of referral options, the reason must be documented.	<ul style="list-style-type: none"> • (ii) The person has the right to seek treatment with any provider offering the level of service needed. • Juvenile Rehabilitation, Corrections, and ADATSA have to refer within their systems where authorized slots are available. • There can be only limited reasons for not providing treatment options to the patient, i.e., the assessment was incomplete and the client did not return to get the results and options; or no other certified provider that offers 	(ii) Look for documentation of choices offered.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	recommended services is available in the service delivery area.	
(5) Completion and submission of all reports required by the courts, department of licensing, and department of social and health services in a timely manner.	<p>The following reports must be made, consistent with 42 CFR, Part 2, with the proper client release of information form:</p> <ul style="list-style-type: none"> Report client "no shows" to the probation department or court, if court ordered. After a DUI assessment is completed, report results to the Department of Licensing and to the court, if so ordered. The ACRC-510-410, Substance Assessment/Treatment form, formerly the "Blue Form," is sent to DOL for persons who have been <u>convicted</u> of DUI/PC; do not send this form to DOL for a person not convicted of DUI/PC. Deferred Prosecution assessment results are given only to the client and his/her attorney, unless a court orders the assessment. For criminal justice system clients: Criminal justice system referrals for assessments requires a special release of information form from the patient to the court, to obtain the clients criminal history before completing a chemical dependency assessment. 	
(6) Referral of an adult or minor who requires assessment for involuntary chemical dependency treatment to the county-designated chemical dependency specialist.	<ul style="list-style-type: none"> Per RCW 70.96A.140. Native Americans may refer to a tribal system or to a county for involuntary treatment. "Assessment" means investigation or screening for commitment criteria. Treatment agencies that pro-actively enter into a QSOAs with the County-Designated CD Specialist (CDCDS) would be able to contact the CDCDS to request his/her assistance in detaining or committing a person to treatment if deemed appropriate and necessary through RCW 70.96A without garnering the patient's consent. 	

WAC 388-805-310 WHAT ARE THE REQUIREMENTS FOR CHEMICAL DEPENDENCY ASSESSMENTS?

Page 56

WAC 388-805-315 What are the requirements for treatment, continuing care, transfer and discharge plans?		
(1) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must be responsible for the overall treatment plan for each patient, including:	<ul style="list-style-type: none"> These functions are case management activities. Refer to WAC 388-805-300(1) for policies needed on this section. 	Review patient records to verify CDP has completed and signed all elements.
(a) Patient involvement in treatment planning;	There should be P&Ps for patient involvement in the development and review of his/her treatment plans. The patient does not need to be present at all reviews, but the changes need to be discussed with the patient.	Look for indication of patient participation by patient signature on the treatment plan or progress notes, or a notation about why the patient did not participate or a notation that changes were discussed with the patient.
(b) Documentation of progress toward patient attainment of goals; and		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(c) Completeness of patient records.		
(2) A CDP or a CDP trainee under supervision of a CDP must:		
(a) Develop the individualized treatment plan based upon the assessment and update the treatment plan based upon achievement of goals, or when new problems are identified;	<ul style="list-style-type: none"> Refer to WAC 388-805-325(10), initial and updated treatment plans. Refer to WAC 388-805-310(4)(b), written summary interpreting available data. 	Look for follow-up of problems identified during the chemical dependency assessment or during the treatment process. If a problem is not satisfactorily addressed or has been deferred, there needs to be documentation in the patient record explaining the circumstances and how the problem(s) will be addressed. Problems related to patient safety and health cannot be deferred to a later point in treatment. Check for referrals.
(b) Conduct individual and group counseling;		
(c) Develop the continuing care plan; and	A patient in treatment who has been convicted of DUI/PC must be in treatment a minimum of 60 days before s/he can be discharged as no longer needing treatment. See DOL Substance Assessment/Treatment Report form ACRC-510-410, treatment report section. See WAC 388-805-625.	
(d) Complete the discharge summary.	DUI clients/patients: justification for discharge must be documented in the patient record and on the DOL Substance Assessment/Treatment Report (formerly the "Blue Form"). See WAC 388-805-625.	
(3) A CDP, or CDP trainee under supervision of a CDP, must also include in the treatment plan for youth problems identified in specific youth assessment, including any referrals to school and community support services.		
(4) A CDP, or CDP trainee under supervision of a CDP, must follow up when a patient misses an appointment to:	<ul style="list-style-type: none"> A CDPT or support staff could assist with this. Progress notes should document patient participation or lack thereof, and at least one attempt to contact the patient. 	
(a) Try to motivate the patient to stay in treatment; and	The patient may need to stay in the continuum of care at some other level.	
(b) Report a noncompliant patient to the committing authority as appropriate.	<ul style="list-style-type: none"> If a patient was CONVICTED as a result of a DUI/PC, the provider must report any non-compliance to DOL within five days, and to the Probation Department, or if probation is not available to the court consistent with WAC 388-805-330. Provider must have a valid consent to make report. 	Look for the court order and specific compliance requirements, and documentation of reporting, when applicable.

WAC 388-805-315 WHAT ARE THE REQUIREMENTS FOR TREATMENT, CONTINUING CARE, TRANSFER AND DISCHARGE PLANS?

Page 57

	<ul style="list-style-type: none"> DEFERRED PROSECUTION (DP): If a patient is in treatment as a result of DP, the provider must immediately report any non-compliance with the treatment plan to the court, prosecutor, patient, and/or the patient's attorney, along with the provider's recommendations for court action. In addition, RCW 10.05.050 requires providing a statement to the court every three months for the first year and every six months thereafter regarding the person's cooperation with the treatment plan and progress or failure in treatment. Some jurisdictions require more frequent reports which providers are required to follow. Providers are encouraged to have written agreements with the courts on what non-compliance means for them. 	
--	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	Refer to WAC 388-805-330, reporting noncompliance.	
(5) A CDP, or a CDP trainee under supervision of a CDP, must involve each patient's family or other support persons, when the patient gives written consent:	Consent for disclosure of confidential information per 42 CFR Part 2 is needed in order to contact and involve others.	Verify documentation and consent, and participation of others when consent is obtained, or refusal of consent.
(a) In the treatment program; and		
(b) In self-help groups.		
(6) When transferring a patient from one certified treatment service to another within the same agency, at the same location, a CDP, or a CDP trainee under supervision of a CDP, must:	Include justification for transfer to another level of care demonstrating that the patient no longer meets continued service criteria.	
(a) Update the patient assessment and treatment plan; and		
(b) Provide a summary report of the patient's treatment and progress, in the patient's record.	Include justification for transfer to another level of care demonstrating that the patient no longer meets continued service criteria.	
(7) A CDP, or CDP trainee under supervision of a CDP, must meet with each patient at the time of discharge from any treatment agency, unless in detox or when a patient leaves treatment without notice, to:		
(a) Finalize a continuing care plan to assist in determining appropriate recommendation for care;	In addition to CD treatment, the continuing care plan should address unresolved problems and plans for referral to additional services.	
(b) Assist the patient in making contact with necessary agencies or services; and		
(c) Provide the patient a copy of the plan.		
(8) When transferring a patient to another treatment provider, the current provider must forward copies of the following information to the receiving provider when a release of confidential information is signed by the patient:	<ul style="list-style-type: none"> • Transfer information must be provided as soon as possible. It is recommended that copies of all assessment information be sent to the receiving provider so that only supplemental assessments need to be done by them. • The information is essential to continuity of care for the patient. • Refer to WAC 388-805-305(1)(h), patient rights. • Refer to interpretive guideline for WAC 388-805-325(1), demographic information. 	Look for documentation of a signed release or refusal to sign and documentation in the patient record of what and when information was sent.

WAC 388-805-315 WHAT ARE THE REQUIREMENTS FOR TREATMENT, CONTINUING CARE, TRANSFER AND DISCHARGE PLANS?

Page 58

(a) Patient demographic information;		
(b) Diagnostic assessment statement and other assessment information, including:	<ul style="list-style-type: none"> • (i) Note the brief risk intervention (BRI) was done; and appropriate referrals were made if necessary. • (ii) Refer to WAC 388-805-300(8), TB screening. TB test results must be made available to patients. A copy of the TB results must be in the patient record. • (iv) Moved, legal, level of care not available at referring agency, etc. 	
(i) Documentation of the HIV/AIDS intervention;		
(ii) TB test result;		
(iii) A record of the patient's detox and treatment history;		
(iv) The reason for the transfer; and		
(v) Court-mandated or agency-recommended follow-up treatment.		
(c) Discharge summary; and	See (6)(b) above. In detoxification, a nurse or physician may complete the discharge summary.	
(d) The plan for continuing care or treatment.		
(9) A CDP, or CDP trainee under supervision of a CDP, must complete a discharge summary, within seven days of each patient's		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
discharge from the agency, which includes:		
(a) The date of discharge or transfer;		
(b) A summary of the patient's progress toward each treatment goal, except in detox; and		
WAC 388-805-320 What are the requirements for a patient record system?		
Each service provider must have a comprehensive patient record system maintained in accord with recognized principles of health record management. The provider must ensure:	<ul style="list-style-type: none"> Recognized principles of health record management include compliance with state and federal confidentiality regulations. "Comprehensive patient record" means all parts of a patient's record are kept available to appropriate staff to use. Refer to WAC 388-805-300(1) for policies needed on this section. 	Verify identified staff person in charge of record system. The duty should be designated in the job description.
(1) A designated individual is responsible for the record system;		
(2) A secure storage system which:	Refer to RCW 70.02, Medical Records-Health Care Information, Access, and Disclosure.	Observe records for a secured storage system for both open and closed files.
(a) Promotes confidentiality of and limits access to both active and inactive records; and		
(b) Protects active and inactive files from damage during storage.		
(3) Patient record policies and procedures on:		
(a) Who has access to records;	Access to information in patient records must be based on "need to know."	Review for QSOA agreements if a transcription service is used.
(b) Content of active and inactive patient records;		
(c) A systematic method of identifying and filing individual patient records so each can be readily retrieved;	This includes both active and inactive records. The method needs to be described in writing.	
(d) Assurance that each patient record is complete and authenticated by the person providing the observation, evaluation, or service;		
(e) Retention of patient records for a minimum of six years after the discharge or transfer of the patient; and	<ul style="list-style-type: none"> If receiving federal funds, records must be retained for seven years. If the patient and records were in an acute care hospital or alcoholism hospital they must be retained ten years. 	

WAC 388-805-320 WHAT ARE THE REQUIREMENTS FOR A PATIENT RECORD SYSTEM?

Page 59

	<ul style="list-style-type: none"> For lawsuit purposes, records need to be retained for eight years, according to RCW 4.16. For minors, retain records for three years following their 18th birthday, or five years following the most recent discharge, whichever is longer. 	
(f) Destruction of patient records.		
(4) In addition to subsection (1) through (3) of this section, an opiate substitution treatment program provider must ensure that the patient record system comply with all federal and state reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction.		
(5) In addition to subsection (1) through (3) of this section, providers maintaining electronic patient records must:		
(a) Make records available in paper form upon request:		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(i) For review by the department; (ii) By patients requesting record review as authorized by WAC 388-805-305(1)(f).		
(b) Provide secure, limited access through means that prevent modification or deletion after initial preparation;		
(c) Provide for back up of records in the event of equipment, media or human error;		
(d) Provide for protection from unauthorized access, including network and Internet access.		
(6) In the case of an agency closure, the provider closing its treatment agency must arrange for the continued management of all patient records. The closing provider must notify the department in writing of the mailing and street address where records will be stored and specify the person managing the records. The closing provider may:	<ul style="list-style-type: none"> Refer to (3)(e) above for retention requirements. In case of a sale or closure, patient consent for release of information is not transferable to the new owner, i.e., a new patient consent must be obtained to transfer records to the new owner. Also, (a) through (d) apply. Microfilm storage of complete closed records is acceptable. 	
(a) Continue to manage the records and give assurance they will respond to authorized requests for copies of patient records within a reasonable period of time;	<ul style="list-style-type: none"> The seller who has a headquarters office or another branch may maintain records at those sites. "Reasonable period of time" is usually a few days, because of the patient's need for continuing treatment or licensure. 	
(b) Transfer records of patients who have given written consent to another certified provider;	If consent cannot be obtained, the record cannot be transferred. The outgoing provider is responsible for closing the record.	
(c) Enter into a qualified service organization agreement with a certified provider to store and manage records, when the outgoing provider will no longer be a chemical dependency treatment provider; or	Federal law prohibits a QSOA between two certified chemical dependency treatment providers that provide the same services.	
(d) In the event none of the arrangements listed in (a) through (c) of this subsection can be made, the closing provider must arrange for transfer of patient records to the department.	Contact your DASA Regional Administrator for assistance with appropriate procedures.	

WAC 388-805-320 WHAT ARE THE REQUIREMENTS FOR A PATIENT RECORD SYSTEM?

Page 60

WAC 388-805-325 What are the requirements for patient record content?		
The service provider must ensure patient record content includes: (1) Demographic information;	<ul style="list-style-type: none"> Demographic information generally includes the patient's full name, sex, birth date, home address, date of admission, contact information for next of kin or guardian, and the name of a personal physician. Refer to WAC 388-805-300(1) for policies needed on this section. 	
(2) A chemical dependency assessment and history of involvement with alcohol and other drugs;	Refer to WAC 388-805-310 for chemical dependency assessments, and 388-805-815 for DUI assessments.	
(3) Documentation the patient was informed of the diagnostic assessment and options for referral or the reason not informed;		
(4) Documentation the patient was informed of federal confidentiality requirements and received a copy of the patient notice required under 42 CFR, Part 2;	Refer to Interpretive Guideline for WAC 388-805-305(3)(a-i), patient consent for release of information.	
(5) Documentation the patient was informed of treatment service		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
rules, translated when needed, signed and dated by the patient before beginning treatment;		
(6) Voluntary consent to treatment signed and dated by the patient, parent or legal guardian, except as authorized by law for protective custody, involuntary treatment, or the department of corrections;	<ul style="list-style-type: none"> Any person 13 years of age or older may give consent for counseling, care, treatment, rehabilitation by treatment program or by any person. Parental authorization is required to treat any child under age 13. In residential treatment agencies, the parent or guardian of the minor needs to sign for admission to treatment if the person is under age 18, unless the youth meets the definition of a child in need of services (CHINS), in RCW 13.32A.030(4)(c). (1996 legislation.) Outpatient treatment programs providing treatment to minors 13 years of age or older shall provide notice of minor's request for treatment to the minor's parents within seven days IF the minor signs a written consent authorizing the disclosure, OR the treatment program director determines that the minor lacks capacity to make a rational choice regarding consent disclosure. A minor in outpatient treatment must sign an authorization to notify parents upon entering treatment. Any minor in outpatient treatment who does not want parents to be notified could refuse to sign authorization for notification to parents. Standard, acceptable clinical practice would encourage the parents/legal guardians to be involved in minor's treatment whenever possible if such involvement does not place the minor's health and safety at risk. 	

WAC 388-805-325 WHAT ARE THE REQUIREMENTS FOR PATIENT RECORD CONTENT?

Page 61

	<ul style="list-style-type: none"> If an agency director or staff persons have concerns about a minor's capacity to make a rational choice regarding consent for disclosure to parents, recommend mental status evaluation or other evaluation by person qualified to make this determination. Contact DASA Youth Treatment Specialist for consultation (360) 438-8089. Parents of youth age 13 through 17, in outpatient treatment, are not liable for payment unless they consent to the treatment 	
(7) Documentation the patient received counselor disclosure information, acknowledged by the provider and patient by signature and date;	Refer to RCW 18.19.060, WAC 246-810-030 and 031, and WAC 246-811-100.	
(8) Documentation of the patient's tuberculosis test and results;	<ul style="list-style-type: none"> A copy of the results of the TB test must be in the patient record. Refer to WAC 388-805-300(6)(b). 	
(9) Documentation the patient received the HIV/AIDS brief risk intervention;	The purpose of the BRI is to help the client determine their behavior risk for HIV/AIDS. Referrals are made if appropriate.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	An actual assessment is not placed in the client record.	
(10) Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews, addressing:	<ul style="list-style-type: none"> • Patient problems include any barriers in the way of treating the diagnosis. • Refer to WAC 388-805-315, requirements for treatment, continuing care, and discharge plans. 	Look for physical, emotional, and social/environmental (biopsychosocial) problems and approaches. Be sure the problems and plans are documented on the individualized treatment plan, and are updated as new problems are identified.
(a) Patient biopsychosocial problems;	<ul style="list-style-type: none"> • The written assessment summary is the source of the initial treatment plan problems and issues. • Refer to WAC 388-805-310(4)(b), written summary. 	<ul style="list-style-type: none"> • Look for follow-up of problems identified during the chemical dependency assessment or during the treatment process. If not satisfactorily addressed, review patient record or treatment plan for when and how these problems will be addressed. • Look for referrals made.
(b) Treatment goals;		
(c) Estimated dates or conditions for completion of each treatment goal;	Include individualized target and resolution dates for each goal.	
(d) Approaches to resolve the problems;	<ul style="list-style-type: none"> • Approaches should utilize the patient's strengths to meet the patient's needs. • Identify the frequency and duration of the approaches, and estimated completion dates. 	
(e) Identification of persons responsible for implementing the approaches;		
(f) Medical orders, if appropriate.		
(11) Documentation of referrals made for specialized care or services;	<ul style="list-style-type: none"> • This includes referrals made to the health department for TB testing; First Steps; family planning, STDs, other communicable diseases, other community programs for domestic violence, sexual assault, anger management, self-esteem, mental health, parenting, child development, eating disorders, etc. • Documentation of referrals can be in progress notes. 	
(12) At least weekly individualized documentation of ongoing services in residential services, and as required in intensive outpatient and outpatient services, including:	<ul style="list-style-type: none"> • CDP, licensed staff, and other patient care staff may enter and authenticate progress notes. 	

WAC 388-805-325 WHAT ARE THE REQUIREMENTS FOR PATIENT RECORD CONTENT?

Page 62

(a) Date, duration, and content of counseling and other treatment sessions;	A simple checklist is recommended for routine dates, durations (lengths of sessions), types of activity, and subject matter. "Content" means major subjects discussed, both in individual and group sessions.	
(b) Ongoing assessments of each patient's participation in and response to treatment and other activities;	<ul style="list-style-type: none"> • Documentation needs to be clinically meaningful, addressing individualized patient problems and progress. • Treatment plan reviews need to occur as follows: <ul style="list-style-type: none"> -Intensive inpatient—weekly -Recovery house—monthly -Long-term treatment—monthly -Intensive outpatient treatment—during individual counseling sessions -Outpatient treatment—monthly for 1st 3 months, quarterly thereafter. 	
(c) Progress notes as events occur, and treatment plan reviews as specified under each treatment service of chapter 388-805 WAC; and	Documentation needs to be clinically meaningful, addressing individualized patient problems and progress.	
(d) Documentation of missed appointments.	Refer to the Interpretive Guideline for WAC 388-805-315(4) and	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	WAC 388-805-330 regarding missed appointments and other areas of noncompliance.	
(13) Medication records, if applicable;		
(14) Laboratory reports, if applicable;		
(15) Properly completed authorizations for release of information;	<ul style="list-style-type: none"> Be sure consents are specific as to the type of information to be released. Chemical dependency, TB, HIV/AIDS, STD's, and mental health issues need separately specified consents. Criminal penalties for violation of 42 CFR, Part 2 include \$500 for the first offense and \$5000 for each subsequent offense. Refer to 42 CFR, Part 2, Section 2.4. Any person aggrieved by a violation of Chapter 70.24 RCW, Control and Treatment of Sexually Transmitted Diseases, may recover \$1,000 to \$10,000 or actual damages for each violation. Refer to RCW 70.24.084. 	
(16) Copies of all correspondence related to the patient, including reports of noncompliance;	Include a copy of any court-ordered conditions for treatment, and documentation the conditions were or were not met.	
(17) A copy of the continuing care plan signed and dated by the CDP and the patient; and	This is not possible when the patient leaves without notice, but that needs to be documented.	
(18) The discharge summary.	<ul style="list-style-type: none"> The continuing care plan may be part of the discharge summary. If the patient leaves treatment without notice, the continuing care plan can be mailed to the patient. Refer to WAC 388-805-315(7), meet with patient at time of discharge. 	

WAC 388-805-325 WHAT ARE THE REQUIREMENTS FOR PATIENT RECORD CONTENT?

Page 63

WAC 388-805-330 What are the requirements for reporting patient noncompliance?		
<p>The following standards define patient noncompliance behaviors and set minimum time lines for reporting these behaviors to the appropriate court. Chemical dependency service providers failing to report patient noncompliance with court ordered or deferred prosecution treatment requirements may be considered in violation of chapter 46.61 or 10.05 RCW reporting requirements and be subject to penalties specified in WAC 388-805-120, 388-805-125, and 388-805-130.</p> <p>(1) For emergent noncompliance: The following noncompliance is considered emergent noncompliance and must be reported to the appropriate court within three working days from obtaining the information:</p> <p>(a) Patient failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by patient self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test;</p>	<ul style="list-style-type: none"> Refer to DASA Issuance Number 98-03-03, Criminal Justice Referrals—Confidentiality Considerations. To receive a copy, call DASA at (360) 438-8052. RCW 46.61.5056(4) requires that a report be made to the appropriate probation department where applicable, otherwise to the court, and to the Department of Licensing, any noncompliance by a patient with the conditions of his or her ordered treatment. DOL requires that this report be made to them within five days. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(b) Patient reports a subsequent alcohol/drug related arrest;		
(c) Patient leaves program against program advice or is discharged for rule violation.		
(2) For nonemergent noncompliance: The following noncompliance is considered nonemergent noncompliance and must be reported to the appropriate court as required by subsection (3) and (4) of this section:		
(a) Patient has unexcused absences or failure to report. Agencies must report all patient unexcused absences, including failure to attend self-help groups. Report failure of patient to provide agency with documentation of attendance at self-help groups if under a deferred prosecution order or required by the treatment plan. In providing this report, include the agency's recommendation for action.		
(b) Patient failure to make acceptable progress in any part of the treatment plan. Report details of the patient's noncompliance behavior along with a recommendation for action.		
(3) If a court accepts monthly progress reports, nonemergent noncompliance may be reported in monthly progress reports, which must be mailed to the court within ten working days from the end of each reporting period.		
(4) If a court does not wish to receive monthly reports and only requests notification of noncompliance or other significant changes in patient status, the reports should be transmitted as soon as possible, but in no event longer than ten working days from the date of the noncompliance.		

WAC 388-805-330 WHAT ARE THE REQUIREMENTS FOR REPORTING PATIENT NONCOMPLIANCE?

Page 64

	SECTION VIII. OUTCOMES EVALUATION	
WAC 388-805-350 What are the requirements for outcomes evaluation?		
Each service provider must develop and implement policies and procedures for outcomes evaluation, to monitor and evaluate program effectiveness and patient satisfaction for the purpose of program improvement.	<p>Policies and procedures for outcomes evaluation may include:</p> <ul style="list-style-type: none"> • Measurable program objectives in the areas of effectiveness, efficiency, and patient satisfaction; • Baseline measurement of program objectives; and measurement of outcomes at least two of the following times: <ul style="list-style-type: none"> (i) during treatment, or (ii) at discharge, or (iii) after treatment. • Use of the results. • Measurement of a representative sample of patients served by the treatment provider. 	
	<ul style="list-style-type: none"> • Common measures of effectiveness might include patient functioning, reduction of symptoms, quality of life, health status, etc. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> Common measures of efficiency might include agency factors that reflect efficient operations such as patient or family accessibility to the agency, waiting times for CD assessments or admission, fiscal measures, staff retention, etc. DASA is focusing on improving treatment retention in all certified types of chemical dependency treatment services during calendar years 2003-2005. 	
SECTION IX. PROGRAM SERVICE STANDARDS		
WAC 388-805-400 What are the requirements for detoxification providers?		
Detoxification services include acute and subacute services. To be certified to offer detoxification services, a provider shall:	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. DASA bases its number of certified detoxification beds on the number of DOH licensed detoxification beds. 	Review provider certificate. Note DOH license, and verify number of beds.
(1) Meet WAC 388-805-001 through 388-805-320, 388-805-330, and 388-805-350 requirements; and		
(2) Meet relevant requirements of chapter 246-337 WAC.	WAC 246-337 is the DOH licensing WAC.	
WAC 388-805-410 What are the requirements for detox staffing and services?		
(1) The service provider must ensure staffing as follows:		
(a) A chemical dependency professional (CDP), or CDP trainee under supervision of a CDP, to assess, counsel, and attempt to motivate each patient for referral;	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. The CDP could be available part-time or on contract. 	
(b) Other staff as necessary to provide services needed by each patient;		

WAC 388-805-410 WHAT ARE THE REQUIREMENTS FOR DETOX STAFFING AND SERVICES?

Page 65

(c) All personnel providing patient care, except licensed staff and CDPs, must complete a minimum of forty hours of documented training before assignment of patient care duties. The personnel training must include:	<ul style="list-style-type: none"> Refer to WAC 388-805-205(7)(a), verification of qualifications. This requirement includes 40 hours of training of volunteers, students, CDP Trainees, and other non-licensed staff members who have patient care assignments. In-service training is acceptable if subjects in (i-iv) are provided by qualified staff. 	
(i) Chemical dependency;		
(ii) HIV/AIDS and hepatitis B education;		
(iii) TB prevention and control; and		
(iv) Detox screening, admission, and signs of trauma.		
(d) All personnel providing patient care must have current training in:	"Current" means not beyond the date of expiration noted on the card provided by the trainer, usually one to two years.	
(i) Cardio-pulmonary resuscitation (CPR); and		
(ii) First aid.		
(2) The service provider must ensure detoxification services include:		
(a) A staff member who demonstrates knowledge about addiction, and is skilled in observation and eliciting information, will perform a screening of each person prior to admission;		
(b) Counseling of each patient by a CDP, or CDP trainee	Justification needs to be provided if and why counseling was not	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
under supervision of a CDP, at least once: (i) Regarding the patient's chemical dependency; and (ii) Attempting to motivate each person to accept referral into a continuum of care for chemical dependency treatment.	possible, e.g., too toxic, left against medical advice.	
(c) Sleeping arrangements which permit observation of patients;	Observation could be through open doors, windows, TV monitoring, or other alternatives. Includes frequent periodic, not necessarily continuous, observation.	Tour the facility.
(d) Separate sleeping rooms for youth and adults; and		
(e) Referral of each patient to other appropriate treatment services.		
(3) The service provider must ensure detoxification patient records include:		
(a) Demographic information;		
(b) Documentation the patient was informed of federal confidentiality requirements and received a copy of the patient notice required under 42 CFR, Part 2;		
(c) Documentation the patient was informed of treatment service rules, translated when needed, signed and dated by the patient before beginning treatment;		
(d) Voluntary consent to treatment signed and dated by the patient, parent or legal guardian, except as authorized by law for protective custody and involuntary treatment;		
(e) Documentation the patient receive counselor disclosure information, acknowledged by the provider and patient by signature and date;		

WAC 388-805-410 WHAT ARE THE REQUIREMENTS FOR DETOX STAFFING AND SERVICES?

Page 66

(f) Documentation the patient received the HIV/AIDS brief risk intervention;		
(g) Progress notes each shift and as events occur;		
(h) Medication records, if applicable;		
(i) Laboratory reports, if applicable;		
(j) Properly completed authorizations for release of information; and		
(k) The discharge summary, which includes the patient's physical condition.		
WAC 388-805-500 What are the requirements for residential providers?		
To be certified to offer intensive inpatient, recovery, or long term residential services, a provider must meet the requirements of:		
(1) WAC 388-805-001 through 388-805-350;		
(2) WAC 388-805-510 through 550, as applicable; and		
(3) WAC 246-337, as required for department of health licensing.		
WAC 388-805-510 What are the requirements for residential providers admitting youth?		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
<p>A residential provider admitting youth must ensure:</p> <p>(1) A youth will be admitted only with the written permission of a parent or legal guardian. In cases where the youth meets the requirements of child in need of services (CHINS) the youth may sign themselves into treatment.</p>	<ul style="list-style-type: none"> • Refer to WAC 388-805-300 for policies needed on this section. • If the parent or guardian is unwilling or unable to consent to necessary treatment in residential care, the matter needs to be referred to the local Division of Children and Family Services (DCFS) office for consultation, case planning, and possible legal intervention. See RCW 70.96A.095. • 1995 "Becca Bill" legislation, also known as the Runaway Youth Bill, clarified through RCW 70.96A.095(2) that parents can apply and admit a child and "the consent of the minor child shall not be required..." Consent of a parent of a youth less than 18 is necessary <u>unless</u> the youth meets the definition of a child in need of service (CHINS), under RCW 13.32A.030(4)(c), per 1996 Becca Bill legislation. • CHINS, in small part, means a chemically dependent youth is "...beyond the control of the parent(s) . . . in need of necessary services...whose parents have evidenced continuing but unsuccessful efforts to maintain the family structure or are unable or unwilling to continue efforts..." • If the youth meets the definition of CHINS, and is being admitted as a self-consent to inpatient treatment, best clinical practice would require exhaustive efforts documented in the patient record to contact, notify, and get consent for treatment from parent or authorized 	<p>The purpose is to ensure the unique needs of youth are respected, protected, and actively addressed.</p> <p>Review youth patient records for signatures of youth and parents or guardians, or documentation why signatures were not obtained.</p>

WAC 388-805-510 WHAT ARE THE REQUIREMENTS FOR RESIDENTIAL PROVIDERS ADMITTING YOUTH?

Page 67

	<p>guardian. Youth self-consent to inpatient treatment should be seen as a last resort, when youth desires and needs treatment and consent from parent or guardian cannot be obtained. For any youth who self-consents to inpatient care, the treatment agency should contact DCFS to develop a custody plan, guardianship, and to assist in discharge planning.</p> <ul style="list-style-type: none"> • Youth consent for treatment is not required for admission when being admitted by parent to residential treatment. Standard and best clinical practice would be to encourage youth to consent to their own treatment upon admission or during initial stay. Providers may review the difference between "unwilling to participate in treatment," and "unwilling to sign consent" to treatment. • Severe behavior/emotional/psychological problems may require a higher level of care and control not usually available in most adolescent chemical dependency treatment facilities. Also see (2) to see if youth is not appropriate per agency admission criteria. • Use ASAM Patient Placement Criteria for admission, 	
--	---	--

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<p>continuing stay, and discharge/transfer decisions.</p> <ul style="list-style-type: none"> Contact the DASA Youth Treatment Lead at (360) 483-8089 if any assistance is needed. 	
(2) The youth must agree to, and both the youth and parent or legal guardian must sign the following when possible:	The clinical supervisor may determine that admission is not appropriate.	Review administrative policy for admission of youth and criteria used if admitted. Review youth patient records for signatures of youth and parents or guardians, or documentation of why signatures were not obtained. Review behavioral contracts.
(a) Statement of patient rights and responsibilities;		
(b) Treatment or behavioral contracts; and	Behavioral contracts should address potential use of restraint or room containment or seclusion for out-of-control behavior.	
(c) Any consent or release form.	See (1) above.	
(3) Youth chemical dependency treatment must include:		
(a) Group meetings to promote personal growth; and	Include such things as training in assertiveness, self-esteem, goal setting, relationships, and behavioral feedback.	
(b) Recreational, leisure, and other therapy and related activities.	May include art therapy and role-play. Activities should be supervised by a CDP, listed on the treatment plan, relate to CD recovery, and include a therapeutic process component.	
(4) A certified teacher or tutor shall provide each youth one or more hours per day, five days each week, of supervised academic tutoring or instruction when the youth is unable to attend school for an estimated period of four weeks or more. The provider must:	<ul style="list-style-type: none"> The Office of the Superintendent of Public Instruction (OSPI) does certification of teachers and tutors. Required by WAC 392-172-218, Home/Hospital Instruction due to disability or illness. This is required only during the normal school year. 	
(a) Document the patient's most recent academic placement and achievement level; and		
(b) Obtain schoolwork, where applicable, from the patient's home school or provide schoolwork and assignments consistent with the person's academic level and functioning.		

WAC 388-805-510 WHAT ARE THE REQUIREMENTS FOR RESIDENTIAL PROVIDERS ADMITTING YOUTH?

Page 68

(5) Adult staff must lead or supervise seven or more hours of structured recreation each week.		Review staffing levels.
(6) Staff must conduct room checks frequently and regularly when patients are in their rooms.	Room checks should be done several times each shift, at times not predictable by the patients.	Review room check policy and procedures; determine how incidents are handled.
(7) A person fifteen years of age or younger must not room with a person eighteen years of age or older.	Whenever possible, minor patients should share rooms with other minors, and adults with other adults. This is according to Department Policy 9.05.	If minor persons, 16 years and older, share rooms with adults, review documented criteria such as background, functioning, and stability of both the minor and the adult.
(8) Sufficient numbers of adult staff, whose primary task is supervision of patients, must be trained and available at all times to ensure appropriate supervision, patient safety, and compliance with WAC 388-805-520.	<ul style="list-style-type: none"> See (10) below for staffing when treatment is provided. Supervised care requires direct supervision at all times: <u>At the program sites</u>, staff shall be within eyesight or hearing distance and readily available at all times. If youth patients are not within eyesight, staff shall conduct visual checks at least once every hour, including bed checks. <u>At public places</u>, youth patients shall be within eyesight at all times. 	Review census sheets.
(9) In co-ed treatment services, there must be at least one adult staff person of each gender present or on call at all times.	Presence of both male and female staff is intended to allow same gender searches for contraband and to reduce risks of liability	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(10) There must be at least one chemical dependency professional (CDP) for every ten youth patients.	<ul style="list-style-type: none"> In programs with significant numbers of youth, it is recommended a CDP with youth experience be present. The intent is to have a CDP for the first 1 to 10 youth patients during all treatment hours, and an additional CDP or CDPT for each 1 to 10 added patients. A CDP should be on call during non-treatment time. Refer to WAC 388-805-300(10)(11) for size of counseling groups. 	
(11) Staff must document attempts to notify the parent or legal guardian within two hours of any change in the status of a youth.	Examples of instances to involve parents or guardians: Transfer or absence from the facility; illness or injury requiring care from outside providers; acts of violence, assault, or damage to persons or the facility; use of restraints or seclusion, and arrests or filings of criminal charges. Notifications should be made at the earliest possible opportunity, but no longer than two hours. Keeping of logs is not recommended since nearly all such information needs to be recorded in the patient record. If logs are kept, staff often duplicate record information, or neglect to put necessary information in the patient record.	<p>Review P&Ps for notifying parents, guardians, and appropriate others, in the event of significant incidents.</p> <p>Review patient records and incident reports and documented follow-up.</p>
(12) For routine discharge, each youth must be discharged to the care of the youth's legal custodian.	<ul style="list-style-type: none"> If the youth's living situation is felt to be unsafe the Division of Children and Family Services (DCFS) should be contacted for assistance. Some youth may be discharged to another treatment provider, as appropriate. Documentation needs to be evident in the patient record showing efforts made to ensure discharge to an appropriate living situation. 	Verify the provider maintains confidentiality about the youth being from CD treatment.

WAC 388-805-510 WHAT ARE THE REQUIREMENTS FOR RESIDENTIAL PROVIDERS ADMITTING YOUTH?

Page 69

(13) For emergency discharge and when the custodian is not available, the provider must contact the appropriate authority.	<ul style="list-style-type: none"> Examples of authorities are: DCFS and law enforcement. Be sure to maintain patient confidentiality, e.g., give police the name of the parent agency and not the CD unit, when possible. Documentation needs to be evident in the patient record showing efforts made to ensure discharge to an appropriate living situation. 	Verify the provider maintains confidentiality about the youth being from CD treatment.
WAC 388-805-520 What are the requirements for youth behavior management?		
(1) Upon application for a youth's admission, a service provider must:		
(a) Advise the youth's parent and other referring persons of the programmatic and physical plant capabilities and constraints in regard to providing treatment with or without a youth's consent;	The family or guardian needs to be advised upon the youth's admission that incidents, including runaways, sometimes happen. Follow-up actions such as readmission, discharge, transfer, etc., need to be discussed.	
(b) Obtain the parent's or other referring person's agreement to participate in the treatment process as appropriate and possible; and		
(c) Obtain the parent's or other referring person's agreement to return and take custody of the youth as necessary and		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
appropriate on discharge or transfer.		
(2) The administrator must ensure policies and procedures are written and implemented which detail least to increasingly restrictive practices used by the provider to stabilize and protect youth who are a danger to self or others, including:	See definition of "danger to self or others."	
(a) Obtaining signed behavioral contracts from the youth, at admission and updated as necessary;	Behavioral contracts should support a variety of desired behaviors as well as consequences for undesirable behaviors.	
(b) Acknowledging positive behavior and fostering dignity and self respect;		
(c) Supporting self-control and the rights of others;		
(d) Increased individual counseling;		
(e) Increased staff monitoring;		
(f) Verbal de-escalation;		
(g) Use of unlocked room for voluntary containment or time-out;	Include who can authorize, who to notify, techniques to use, when to release, and comfort and reassurance of the youth. Review for appropriateness and documentation, including clinical record and incident reports.	
(h) Use of therapeutic physical intervention techniques during a time limited immediate crisis to prevent or limit free body movement that may cause harm to the person or others; and	<ul style="list-style-type: none"> Use any restraint only for the period of time necessary to ensure the youth is no longer a danger or at risk; usually only for a few minutes. See definition of restraint. Do NOT use methods potentially harmful to the patient, such as choke holds, arm around the neck, sleeper holds, arm twisting, hair holds, throwing or pinning a person against immobile objects, sitting on a person; use of metal, leather, rubber devices, and physical or mechanical restraint in a prone position. 	

WAC 388-805-520 WHAT ARE THE REQUIREMENTS FOR BEHAVIOR MANAGEMENT?

Page 70

(i) Emergency procedures, including notification of the parent, guardian or other referring person, and, when appropriate, law enforcement.		
(3) The provider must ensure staff is trained in safe and therapeutic techniques for dealing with a youth's behavioral and emotional crises, including:	Staff training should be documented in each person's personnel file. Annual training updates are recommended. Contact DASA youth contract managers if technical assistance is needed, at (360) 438-8089 or 438-8079.	
(a) Verbal de-escalation;		
(b) Crisis intervention;		
(c) Anger management;		
(d) Suicide assessment and intervention;		
(e) Conflict management and problem solving skills;		
(f) Management of assaultive behavior;		
(g) Proper use of therapeutic physical intervention techniques; and	See (2)(h) above.	
(h) Emergency procedures.		
(4) To reduce the possibility of a youth's unauthorized exit from the residential treatment site, the provider may have:		
(a) An unlocked room for voluntary containment or time-out;		
(b) A secure perimeter, such as a nonscalable fence with		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
locked gates; and		
(c) Locked windows and exterior doors.		
(5) Providers using holding mechanisms in subsection (4) of this subsection must meet current Uniform Building Code requirements, which include fire safety and special egress control devices, such as alarms and automatic releases.	Especially note Section 1004.5 of the Uniform Building Code, on Special Egress Control Devices: RCW 19.27.	
(6) When less-restrictive measures are not sufficient to de-escalate a behavioral crisis, clinical staff may use, for voluntary containment or time-out of a youth, a quiet unlocked room which has a window for observation and:	The room should be used only as a temporary means to change behavior. Room contents should be determined on an individual clinical basis.	
(a) The clinical supervisor or designated alternate must be notified immediately of the staff person's use of a quiet room for a youth, and must determine its appropriateness;		
(b) A chemical dependency professional (CDP) or designated clinical alternate must consult with the youth immediately and at least every ten minutes, for counseling, assistance, and to maintain direct communication; and	It is recommended the counselor be a CDP with youth experience. The person should exercise clinical judgment in determining if continuous CDP presence is warranted.	
(c) The clinical supervisor or designated alternate must evaluate the youth and determine the need for mental health consultation.	Transfer to a locked psychiatric facility shall be considered when time out for a youth exceeds one hour.	
(7) Youth who demonstrate continuing refusal to participate in treatment or continuing to exhibit behaviors that present health and safety risks to self, other patients, or staff may be discharged or transferred to more appropriate care after:		
(a) Interventions appropriate to the situation from those listed in subsection (2) of this section have been attempted without success;		

WAC 388-805-520 WHAT ARE THE REQUIREMENTS FOR YOUTH BEHAVIOR MANAGEMENT?

Page 71

(b) The person has been informed of the consequences and return options;	"Return options" means whether the person can be readmitted there or elsewhere.	
(c) The parents, guardian, or other referring person has been notified of the emergency and need to transfer or discharge the person; and	"Other referring person" may include a mental health professional, probation officer, court, etc.	
(d) Arrangements are made for the physical transfer of the person into the custody of the youth's parent, guardian, or other appropriate person or program.		
(8) Involved staff must document the circumstances surrounding each incident requiring intervention in the youth's record and include:		
(a) The precipitating circumstances;		
(b) Measures taken to resolve the incident;		
(c) Final resolution; and		
(d) Record of notification of appropriate others.	"Appropriate others" could be family members, guardians, police, children's services, and others.	
WAC 388-805-530 What are the requirements for intensive inpatient services?		
(1) A chemical dependency professional (CDP), or CDP trainee under supervision of a CDP, must:	<ul style="list-style-type: none"> Refer to WAC 388-805-300 regarding having additional policies as required by each treatment service. 	Review DASA certificate and DOH license.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<ul style="list-style-type: none"> Use ASAM <u>PPC</u> for admission, continuing stay, and discharge/transfer decisions. 	
(a) Complete the initial treatment plan within five days of admission;		
(b) Conduct at least one face-to-face individual chemical dependency counseling session with each patient each week;		
(c) Provide a minimum of ten hours of chemical dependency counseling with each patient each week;		
(d) Document a treatment plan review, at least weekly, which updates patient status and progress toward goals; and		
(e) Refer each patient for ongoing treatment or support, as necessary, upon completion of treatment.		
(2) The provider must ensure a minimum of twenty hours of treatment services for each patient each week; up to ten hours may be education.	If a program is more than 20 hours per week, up to 50 percent can be education.	
WAC 388-805-540 What are the requirements for recovery house services?		
(1) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must provide a minimum of five hours of treatment, for each patient each week, consisting of:	Refer to WAC 388-805-300 for policies needed on this section.	Review certificate and DOH license.
(a) Education regarding drug-free and sober living; and		
(b) Individual or group counseling.		
(2) A CDP, or a CDP trainee under supervision of a CDP, must document a treatment plan review at least monthly; and	Includes treatment plan, progress notes, and treatment plan review, including continued service determination and progress notes.	

WAC 388-805-540 WHAT ARE THE REQUIREMENTS FOR RECOVERY HOUSE SERVICES?

Page 72

(3) Staff must assist patients with general re-entry living skills and, for youth, continuation of education or vocational training.	Re-entry skills may include handling finances, shopping for food, healthy practices, cleanliness, hobbies, independent living, etc.	
WAC 388-805-550 What are the requirements for long-term treatment services?		
Each chemical dependency service provider must ensure each patient receives:	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. Outside resources may be used to provide training. Use ASAM <u>PPC</u> for admission, continuing stay, and discharge/transfer decisions. 	Review certificate and DOH license.
(1) Education regarding alcohol, other drugs, and other addictions, at least two hours each week.		
(2) Individual or group counseling by a chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, a minimum of two hours each week.		
(3) Education on social and coping skills.		
(4) Social and recreational activities.		
(5) Assistance in seeking employment, when appropriate.	Continuing care and referrals are referenced in WAC 388-805-300 through 325.	
(6) Document a treatment plan review at least monthly.	Includes treatment plan, progress notes, and treatment plan reviews, including continued service determination, and progress notes.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(7) Assistance with re-entry living skills.		
(8) A living arrangement plan.		
WAC 388-805-600 What are the requirements for outpatient providers?		
To be certified to provide intensive or other outpatient services, a chemical dependency service provider must meet the requirements of:	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. Use ASAM <u>PPC</u> for admission, continuing stay, and discharge/transfer decisions. Refer to WAC 388-805-300(5). 	
(1) WAC 388-805-001 through 388-805-350;		
(2) WAC 388-805-610 through 630, as applicable; and		
(3) WAC 388-805-700 through 750, if offering opiate substitution treatment program services.		
WAC 388-805-610 What are the requirements for intensive outpatient services?		
(1) Patients admitted to intensive outpatient treatment under a deferred prosecution order pursuant to chapter 10.05 RCW, must complete intensive treatment as described in subsection (2) of this section. Any exceptions to this requirement must be approved, in writing, by the court having jurisdiction in the case.	Refer to RCW 10.05.150, for specific alcoholism program requirements for a deferred prosecution program.	
(2) Each chemical dependency service provider must ensure intensive outpatient services are designed to deliver:		
(a) A minimum of seventy-two hours of treatment services within a maximum of twelve weeks,		

WAC 388-805-610 WHAT ARE THE REQUIREMENTS FOR INTENSIVE OUTPATIENT SERVICES?

Page 73

(b) The first four weeks of treatment must consist of: (i) At least three sessions each week; (ii) Each group session must last at least one hour; and (iii) Each session must be on separate days of the week.		
(c) Individual chemical dependency counseling sessions with each patient at least once a month, or more if clinically indicated;		
(d) Education totaling not more than fifty percent of patient treatment services regarding alcohol, other drugs, relapse prevention, HIV/AIDS, hepatitis B, hepatitis C, and TB prevention, and other air/blood-borne pathogens;	At least 50 percent of treatment is individual or group CD counseling.	Review curriculum and education schedule.
(e) Self-help group attendance in addition to the seventy-two hours;	<ul style="list-style-type: none"> Refer to WAC 388-805-300(16), self-help groups. Referrals to and attendance at CD-related self-help groups should be consistent with treatment recommendations, the treatment plan, and legal requirements. 	
(f) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must conduct and document a review of each patient's treatment plan in individual chemical dependency counseling sessions, if appropriate, to assess adequacy and attainment of goals;	<ul style="list-style-type: none"> Refer to Interpretive Guideline for WAC 388-805-315(1)(a) regarding patient involvement in the treatment plan. Refer to WAC 388-805-315(2)(a), updating treatment plans. Refer to WAC 388-805-325(10), initial and updated treatment plans. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(g) Upon completion of intensive outpatient treatment, a CDP, or a CDP trainee under the supervision of a CDP, must refer each patient for ongoing treatment or support, as necessary, using PPC.	"Ongoing treatment" usually includes regular outpatient services.	
WAC 388-805-620 What are the requirements for outpatient services?		
A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must: (1) Complete admission assessments within ten calendar days of admission, or by the second visit, unless participation in this outpatient treatment service is part of the same provider's continuum of care.	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. In case of transfer from one treatment service to another offered by the same provider, updated assessments and a summary status progress note serve to meet this requirement. Use ASAM PPC for admission, continuing stay, and discharge/transfer decisions. 	These regulations apply to "day treatment" as described in WAC 388-805-010 (1)(c), survey procedure.
(2) Conduct group or individual chemical dependency counseling sessions for each patient, each month, according to an individual treatment plan.	<ul style="list-style-type: none"> One group or individual CD counseling session per month is the minimum requirement. Each counseling session must be documented in the patient record. Refer to WAC 388-805-325(12). Patient participation in and response to treatment must be documented in the patient record. Refer to WAC 388-805-325(12)(a), date, duration, and content of counseling and other treatment sessions. 	
(3) Assess and document the adequacy of each patient's treatment and attainment of goals:		
(a) Once a month for the first three months; and		
(b) Quarterly thereafter or sooner if required by other laws.		

WAC 388-805-620 WHAT ARE THE REQUIREMENTS FOR OUTPATIENT SERVICES?

Page 74

WAC 388-805-625 What are the requirements for outpatient services for persons subject to RCW 46.61.5056?		
(1) Patients admitted to outpatient treatment subject to RCW 46.61.5056, must complete outpatient treatment as described in subsection (2) of this section.		
(2) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must:		
(a) For the first sixty days of treatment: (i) Conduct group or individual chemical dependency counseling sessions for each patient, each week, according to an individual treatment plan. (ii) Conduct at least one individual chemical dependency counseling session of no less than thirty minutes duration excluding a chemical dependency assessment for each patient, according to an individual treatment plan. (iii) Conduct alcohol and drug basic education for each patient. (iv) Document patient participation in self-help groups described in WAC 388-805-300(16) for patients with a	Upon satisfactory completion of the first 60 days of treatment, a progress report must be made to Department of Licensing (DOL) within five days using the DOL Substance Assessment/Treatment Report form (ACRC 510-410). Reports to DOL are made only on persons who have been convicted of DUI/PC. A copy of the report must be retained in the patient's record. (iii) Refer to WAC 388-805-300(12) for education requirements.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
diagnosis of substance dependence. (v) For patients with a diagnosis of substance dependence who received intensive inpatient chemical dependency treatment services, the balance of the sixty-day time period will consist, at a minimum, of weekly outpatient counseling sessions according to an individual treatment plan.		
(b) For the next one hundred twenty days of treatment: (i) Conduct group or individual chemical dependency counseling sessions for each patient, every two weeks, according to an individual treatment plan. (ii) Conduct at least one individual chemical dependency counseling session of no less than thirty minutes duration every sixty days for each patient, according to an individual treatment plan.		
(c) Upon completion of one hundred eighty days of intensive treatment, a CDP, or a CDP trainee under the supervision of a CDP, must refer each patient for ongoing treatment or support, as necessary, using PPC.	Refer to WAC 388-805-315(7) & (8).	
(3) For client's that are assessed with insufficient evidence of substance dependence or substance abuse, a CDP must refer the client to alcohol/drug information school.	Assessment and completion of alcohol/drug information school (ADIS) reports are made to DOL <u>only</u> for persons who have been <u>convicted</u> of DUI/PC. Provider must have a valid consent to make report.	

WAC 388-805-625 WHAT ARE THE REQUIREMENTS FOR OUTPATIENT SERVICES FOR PERSONS SUBJECT TO RCW 46.61.5056?

Page 75

WAC 388-805-630 What are the requirements for outpatient services in a school setting?		
Any certified chemical dependency service provider may offer school-based services by: (1) Meeting WAC 388-805-640 requirements; and	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on this section. To become certified, school providers of CD treatment need to request approval for the treatment service desired. Clinical, personnel, facility and confidentiality requirements must be met. 	
(2) Ensuring counseling is provided by a chemical dependency professional (CDP), or CDP trainee under supervision of a CDP.		
WAC 388-805-640 What are the requirements for providing off-site chemical dependency treatment services?		
(1) If a certified service provider wishes to offer treatment services, for which the provider is certified, at a site where clients are located primarily for purposes other than chemical dependency treatment, the administrator must:	<ul style="list-style-type: none"> "Off-site treatment" means provision of chemical dependency treatment by a certified provider at a location where treatment is not the primary purpose of the site, such as in schools, hospitals, or correctional facilities. "Outreach Services" which are not treatment <u>do not</u> require DASA approval. These include support services to: prevent chemical dependency (CD); facilitate involvement of persons in need of CD treatment; and 	Determine whether the service provider is offering off-site chemical dependency treatment services.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	<p>support client involvement in treatment before and after treatment begins.</p> <ul style="list-style-type: none"> Types of outreach include culturally appropriate case-finding, CD screening, education, intervention, communication with special populations, non-CD assessments, employee and student assistance, information and referral. For an information sheet on off-site policies and procedure guidelines, call DASA at (360) 438-8055. 	
(a) Ensure off-site treatment services will be provided: (i) In a private, confidential setting that is discrete from other services provided within the off-site location; and (ii) By a chemical dependency professional (CDP) or CDP trainee under supervision of a CDP;		
(b) Revise agency policy and procedures manuals to include: (i) A description of how confidentiality will be maintained at each off-site location, including how confidential information and patient records will be transported between the certified facility and the off-site location; (ii) A description of how services will be offered in a manner that promotes patient and staff member safety; and (iii) Relevant administrative, personnel, and clinical practices.		

WAC 388-805-640 WHAT ARE THE REQUIREMENTS FOR PROVIDING OFF-SITE CHEMICAL DEPENDENCY TREATMENT SERVICES?

Page 76

(c) Maintain a current list of all locations where off-site services are provided including the name, address (except patient in-home services), primary purpose of the off-site location, level of services provided, and date off-site services began at the off-site location.		Review current list of all service locations.
WAC 388-805-700 What are the requirements for opiate substitution treatment program providers?		
An opiate substitution treatment program provider must meet requirements of:	<ul style="list-style-type: none"> Refer to WAC 388-805-300 for policies needed on all opiate dependency treatment sections. The application section, WAC 388-805-030, requires meeting certain federal requirements. 	
(1) WAC 388-805-001 through 388-805-350;		
(2) WAC 388-805-620; and		
(3) WAC 388-805-700 through 388-805-750, and		
(4) 42 Code of Federal Regulations, Part 8.12.		
WAC 388-805-710 What are the requirements for opiate substitution medical management?		
(1) The medical director must assume responsibility for administering all medical services performed by the opiate substitution treatment program.	<ul style="list-style-type: none"> A physician should approve protocols. Use ASAM <u>PPC</u> for admission, continuing stay, and discharge/transfer decisions. 	
(2) The medical director must be responsible for ensuring that the	May be available by telephone or in person.	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
opiate substitution treatment program is in compliance with all applicable federal, state, and local laws and regulations.		
(3) A program physician or authorized health care professional under supervision of a program physician, must provide oversight for determination of opiate physical addiction and conducting a complete, fully documented physical evaluation for each patient before admission.		
(4) A physical examination must be conducted on each patient:	This is a medical practitioner's routine physical exam to detect the presence of any physical/medical problems.	
(a) By a program physician or other medical practitioner;		
(b) Within fourteen days of admission.		
(5) Following the patient's initial dose of opiate substitution treatment, the physician must establish adequacy of dose, considering:	The physician may establish standing orders or protocols.	
(a) Signs and symptoms of withdrawal;		
(b) Patient comfort; and		
(c) Side effects from over-medication.		
(6) Prior to the beginning of detox, a program physician must approve an individual detoxification schedule for each patient being detoxified.	This includes patients being discharged for noncompliance.	

WAC 388-805-710 WHAT ARE THE REQUIREMENTS FOR OPIATE SUBSTITUTION MEDICAL MANAGEMENT?

Page 77

WAC 388-805-715 What are the requirements for opiate substitution medication management?		
(1) An opiate substitution treatment program must use only those opioid agonist treatment medications that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid addiction.		
(2) In addition, an opiate substitution treatment program who is fully compliant with the protocol of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of opioid addiction. Currently the following opioid agonist treatment medications will be considered to be approved by the Food and Drug Administration for use in the treatment of opioid addiction:		
(a) Methadone;		
(b) Levomethadyl acetate (LAAM); and		
(c) Buprenorphine distributed as Subutex and suboxone.		
(3) An opiate substitution treatment program must maintain current procedures that are adequate to ensure that the following dosage form and initial dosing requirements are met:		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(a) Methadone must be administered or dispensed only in oral form and must be formulated in such a way as to reduce its potential for parenteral abuse;		
(b) For each new patient enrolled in a program, the initial dose of methadone must not exceed thirty milligrams and the total dose for the first day must not exceed forty milligrams, unless the program physician documents in the patient's record that forty milligrams did not suppress opiate abstinence symptoms.		
(4) An opiate substitution treatment program must maintain current procedures adequate to ensure that each opioid agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling. Dosing and administration decisions must be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure that any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the patient's record.		

WAC 388-805-715 WHAT ARE THE REQUIREMENTS FOR OPIATE SUBSTITUTION MEDICATION MANAGEMENT?

Page 78

WAC 388-805-720 What are the requirements for drug testing in opiate substitution treatment?		
(1) The provider must obtain a specimen sample from each patient for drug testing:		
(a) At least eight times per year; and		
(b) Randomly, without notice to the patient.		
(2) Staff must observe collection of each specimen sample and use proper chain of custody techniques when handling each sample;	The observer should be a same gender person.	
(3) When a patient refuses to provide a specimen sample or initial the log of sample numbers, staff must consider the specimen positive; and		
(4) Staff must document a positive specimen and discuss the findings with the patient at the next scheduled counseling session.		
WAC 388-805-730 What are the requirements for opiate substitution treatment dispensaries?		
(1) Each opiate dependency treatment provider must comply with applicable portions of 21 CFR, Part 1301 requirements, as now or later amended.		
(2) The administrator must ensure written policies and procedures to verify the identity of patients.		Review policies and procedures.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(3) Dispensary staff must maintain a file with a photograph of each patient. Dispensary staff must ensure pictures are updated when:		Check photograph file.
(a) The patient's physical appearance changes significantly; or		
(b) Every two years, whichever comes first.		
(4) In addition to notifying the Federal CSAT, SAMHSA and the Federal Drug Enforcement Administration, the administrator must immediately notify the department and the state board of pharmacy of any theft or significant loss of a controlled substance.		Review incident reports and agency follow-up on any thefts or losses.
(5) The administrator must have a written diversion control plan that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and that assigns specific responsibility to the medical and administrative staff members for carrying out the diversion control measures and functions described in the plan.		Review diversion control plan.
WAC 388-805-740 What are the requirements for opiate substitution treatment counseling?		
(1) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, must provide individual or group counseling sessions once each:	<ul style="list-style-type: none"> Refer to patient care requirements of WAC 388-805-310 through 325. Refer to WAC 388-805-620(2) for required monthly outpatient counseling sessions. 	

WAC 388-805-740 WHAT ARE THE REQUIREMENTS FOR OPIATE SUBSTITUTION TREATMENT COUNSELING?

Page 79

(a) Week, for the first ninety days, for a new patient or a patient readmitted more than ninety days since the person's most recent discharge from opiate substitution treatment;		
(b) Week, for the first month, for a patient readmitted within ninety days of the most recent discharge from opiate substitution treatment; and		
(c) Month, for a patient transferring from another opiate substitution treatment program where the patient stayed for ninety or more days.		
(2) A CDP, or a CDP trainee under supervision of a CDP, must conduct and document a continuing care review with each patient to review progress, discuss facts, and determine the need for continuing opiate substitution treatment:		
(a) Between six and seven months after admission; and		
(b) Once every six months thereafter.		
(3) A CDP, or a CDP trainee under supervision of a CDP, must provide counseling in a location that is physically separate from other activities.	Discussions to resolve compliance problems such as nonpayment or missed doses, do not meet counseling requirements.	Review patient records and interview patients when indicated. Check areas where counseling services are provided.
(4) A pregnant woman and any other patient who requests, must receive at least one-half hour of counseling and education each month on:	Pregnancy counseling and education may be provided in individual or group sessions. Outside resources from the health department or family planning clinics may be used. Referrals may be made to the health department, especially for information or treatment of sexually transmitted diseases.	Interview patients and staff.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(a) Matters relating to pregnancy and street drugs;		
(b) Pregnancy spacing and planning; and		
(c) The effects of opiate dependency treatment on the woman and fetus, when opiate substitution treatment occurs during pregnancy.		
(5) Staff must provide at least one-half hour of counseling on family planning with each patient through either individual or group counseling.	This requirement applies to all other patients not covered by (4) above.	
(6) The administrator must ensure there is one staff member who has training in family planning, prenatal health care, and parenting skills.		
WAC 388-805-750 What are the requirements for opiate substitution treatment take-home medications?		
(1) An opiate substitution treatment provider may authorize take-home medications for a patient when:		
(a) The medication is for a Sunday or legal holiday, as identified under RCW 1.16.050; or		
(b) Travel to the facility presents a safety risk for patients or staff due to inclement weather.	Agency must maintain policies and procedures for emergencies, such as closure as a result of inclement weather, that ensure continuity of care for patients.	
(2) A service provider may permit take-home medications on other days for a stabilized patient who:		

WAC 388-805-750 WHAT ARE THE REQUIREMENTS FOR OPIATE SUBSTITUTION TREATMENT TAKE-HOME MEDICATIONS?

Page 80

(a) Has received opiate substitution treatment medication for a minimum of ninety days; and		
(b) Had negative urines for the last sixty days.		
(3) The provider shall meet 42 CFR, Part 8.12(i)(1-5) requirements.		
(4) The provider may arrange for opiate substitution treatment medication to be administered by licensed staff or self-administered by a pregnant woman receiving treatment at a certified residential treatment agency when:	This needs to be arranged through a cooperative agreement between the opiate dependency treatment provider and the certified residential care provider.	
(a) The woman had been receiving treatment medication for ninety or more days; and		
(b) The woman's use of treatment medication can be supervised.		
WAC 388-805-800 What are the requirements for ADATSA assessment services?		
(1) An agency certified to conduct ADATSA assessments must conduct the assessment for each eligible patient and be governed by the requirements under:	<ul style="list-style-type: none"> • Refer to WAC 388-805-300 for policies needed on this section. • Refer to WAC 388-805-010(1)(d), assessment/ADATSA services. • Applies only to agencies not already certified for another treatment service. • Use ASAM <u>PPC</u> for making referrals to appropriate care. 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(a) WAC 388-805-001 through 310;		
(b) WAC 388-805-020 and 388-805-325(1), (2), (3), (4), (9), (15), (16), 388-805-330; and 388-805-350; and		
(c) Chapter 388-800 WAC.		
WAC 388-805-810 What are the requirements for DUI assessment providers?		
(1) If located in a district or municipal probation department, each DUI service provider shall meet the requirements of:	<ul style="list-style-type: none"> "DUI" means driving while under the influence, or in physical control of a vehicle while under the influence of intoxicating liquor or other drugs per RCW 46.61. It can refer to a person's DUI arrest or conviction, or services rendered to a person with a DUI arrest or conviction. "DUI" is a term adopted in law in 1991. It is broader than the old term, "DWI." It covers all drugs, and eliminates questions about intoxication. 	Review administrative, personnel and clinical manuals.
(a) WAC 388-805-001 through 388-805-135,		
(b) WAC 388-805-145(4), (5), and (6);		
(c) WAC 388-805-150, the administrative manual, subsections (4), (7) through (11), (13), and (14);		
(d) WAC 388-805-155, facilities, subsections (1)(b), (c), (d), and (2)(b);		
(e) WAC 388-805-200(1), (4), and (5);		
(f) WAC 388-805-205(1), (2), (3)(a) through (d), (4), (6), and (7);		
(g) WAC 388-805-220, 388-805-225, and 388-805-230;		

**WAC 388-805-810 WHAT ARE THE REQUIREMENTS FOR
DUI ASSESSMENT PROVIDERS?**

Page 81

(h) WAC 388-805-260, volunteers;		
(i) WAC 388-805-300, clinical manual, subsections (1), (2), (3), (9), and (20)(e);		
(j) WAC 388-805-305, patients' rights;		
(k) WAC 388-805-310, assessments;		
(l) WAC 388-805-320, patient record system, subsections (3)(a) through (f), and (5);		
(m) WAC 388-805-325, record content, subsections (1), (2), (3), (4), (7), (9), (11), (15), and (17); and		
(n) WAC 388-805-350, outcomes evaluation;		
(o) WAC 388-805-815, DUI assessment services.		
(2) If located in another certified chemical dependency treatment facility, the DUI service provider must meet the requirements of:		
(a) WAC 388-805-001 through 388-805-260; 388-805-305 and 388-805-310;		
(b) WAC 388-805-300, 388-805-320, 388-805-325 as noted in subsection (1) of this section, 388-805-350; and		
(c) WAC 388-805-815.		
WAC 388-805-815 What are the requirements for DUI assessment services?		
(1) The administrator must limit clients to persons who have been arrested for a violation of driving while under the influence of	Refer to WAC 388-805-300 for policies needed on this section. Assessment reports to DOL are only made on persons	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
intoxicating liquor or other drugs or in physical control of a vehicle as defined under chapter 46.61 RCW;	convicted of DUI/PC. Provider must have a valid consent to make report.	
(2) A chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, or a probation assessment officer must conduct each client assessment and ensure the assessment includes, in addition to the requirements under WAC 388-805-310:	<ul style="list-style-type: none"> A CDP Trainee or assessment officer intern when supervised as required in WAC 388-805-210 may conduct DUI assessments. Refer to WAC 388-805-310, chemical dependency assessments. 	
(a) Evaluation of the client's blood alcohol level and other drug levels at the time of arrest, if available; and	"Evaluation" and "assessment" means there should be a clinical interpretative statement about the Blood Alcohol Level.	
(b) Assessment of the client's self-reported driving record and the client's abstract of the legal driving record.	<ul style="list-style-type: none"> The assessment means a clinical interpretative statement about the abstract of the driving record. The Abstract of the Driving Record (ADR) contains a ten-year history of all alcohol-related convictions and related offenses reduced to lesser offenses, and deferred prosecutions. 	
WAC 388-805-820 What are the requirements for alcohol and other drug information school?		
(1) Alcohol and other drug information school providers must be governed under:	Refer to WAC 388-805-300 for policies needed on this section.	
(a) WAC 388-805-001 through 388-805-135; and		
(b) This section.		

WAC 388-805-820 WHAT ARE THE REQUIREMENTS FOR ALCOHOL AND OTHER DRUG INFORMATION SCHOOL?

Page 82

(2) The provider must:		
(a) Inform each student of fees at the time of enrollment; and		
(b) Ensure adequate and comfortable seating in well-lit and ventilated rooms.		
(3) A certified information school instructor or a chemical dependency professional must teach the course and:	Refer to WAC 388-805-250 for ADIS Instructor qualifications.	
(a) Advise each student there is no assumption the student is an alcoholic or drug addict, and this is not a therapy session;		
(b) Discuss the class rules;		
(c) Review the course objectives;		
(d) Follow curriculum contained in "Alcohol and Other Drugs Information School Training Curriculum," published in 1991, or later amended;	When student hand-outs are available in other languages, DASA will distribute them to all providers.	
(e) Ensure not less than eight and not more than fifteen hours of class room instruction;		
(f) Administer the post-test from the above reference to each enrolled student after the course is completed;		
(g) Ensure individual client records include:	<ul style="list-style-type: none"> According to the Drunk Drivers Act of 1994, some patient record information needs to be shared with the courts and Department of Licensing (DOL). Be sure confidentiality release is in the record and meets the requirements of 42 CFR Part 2 and WAC 388-805-305(3)(a) through (i). (g)(iv) Examples of correspondence could be letters to or 	
(i) Intake form;		
(ii) Hours and date or dates in attendance;		
(iii) Source of referral;		
(iv) Copies of all reports, letters, certificates, and other correspondence;		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(v) A record of any referrals made; and (vi) A copy of the scored post-test.	from attorneys, courts, DOL, or any other agency.	
(h) Complete and submit reports required by the courts and the department of licensing, in a timely manner.		
WAC 388-805-830 What are the requirements for information and crisis services?		
(1) Information and crisis service providers must be governed under:		
(a) WAC 388-805-001 through 388-805-135; and		
(b) This section.		
(2) The information and crisis service administrator must:		
(a) Ensure a chemical dependency professional (CDP), or a CDP trainee under supervision of a CDP, is available or on staff;	"Available" means the person can be on the premises, or off the premises and immediately available.	
(b) Maintain a current directory of certified chemical dependency service providers in the state;		
(c) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services;	Examples of concerns for referral are mental health, physical health problems or needs, eating disorders, sexual abuse, domestic violence, anger management, suicide attempts, shelters, parenting skills training, prenatal care (First Steps), child care, family planning, sexually transmitted diseases, other communicable diseases, and limited English speaking.	

WAC 388-805-830 WHAT ARE THE REQUIREMENTS FOR INFORMATION AND CRISIS SERVICES?

Page 83

(d) Have services available twenty-four hours a day, seven days a week;		
(e) Ensure all staff complete forty hours of training that covers the following areas before assigning unsupervised duties: (i) Chemical dependency crisis intervention techniques; (ii) Alcoholism and drug abuse; and (iii) Prevention and control of TB and bloodborne pathogens.	<ul style="list-style-type: none"> Refer to WAC 388-805-205(3)(b) & (7)(a), verification of qualifications. A CDP would already have the required training. 	
(f) Have policies and procedures for provision of emergency services, by phone or in person, to a person incapacitated by alcohol or other drugs, or to the person's family, such as: (i) General assessments; (ii) Interviews for diagnostic or therapeutic purposes; (iii) Crisis counseling; and (iv) Referral.	<ul style="list-style-type: none"> Emergencies may include short-term episodes and services for: -Overdose management -Family crisis intervention -Medical conditions requiring immediate care The services may or may not lead to referral for ongoing treatment. (f)(iv) Refer to the DASA <u>Directory of Certified Chemical Dependency Treatment Services in Washington State</u> (commonly known as the "Green Book") for referral to treatment. Call Washington State Alcohol/Drug Clearinghouse at (206) 725-9696 or 1-800-662-9111 (from within Washington) to obtain a copy. For crisis and other referrals, call the Alcohol/Drug 	

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
	24 -Hour Helpline at (206) 722-3700 or toll free at 1-800-562-1240.	
(g) Maintain records of each patient contact, including: (i) The presenting problem; (ii) The outcome;		
(iii) A record of any referral made; (iv) The signature of the person handling the case; and (v) The name, age, sex, and race of the patient.		
WAC 388-805-840 What are the requirements for emergency service patrol?		
(1) The emergency service patrol provider must ensure staff providing the service:	Refer to WAC 388-805-300 for policies needed on this section.	
(a) Have proof of a valid Washington state driver's license;		
(b) Possess annually updated verification of first aid and cardiopulmonary resuscitation training;		
(c) Have completed forty hours of training in chemical dependency crisis intervention techniques, and alcoholism and drug abuse, to improve skills in handling crisis situations; and	<ul style="list-style-type: none"> Refer to WAC 388-805-205(3)(b) & (7)(a), verification of qualifications. A CDP would already have the required training. 	
(d) Have training on communicable diseases, including: (i) TB prevention and control; and (ii) Bloodborne pathogens such as HIV/AIDS and hepatitis.		

WAC 388-805-840 WHAT ARE THE REQUIREMENTS FOR EMERGENCY SERVICE PATROL?

Page 84

(2) Emergency service patrol staff must:		
(a) Respond to calls from police, merchants, and other persons for assistance with an intoxicated person in a public place;		
(b) Patrol assigned areas and give assistance to a person intoxicated in a public place; and		
(c) Conduct a preliminary assessment of a person's condition relating to the state of inebriation and presence of a physical condition needing medical attention: (i) When a person is intoxicated, but subdued and willing, transport the person home, to a certified treatment provider, or a health care facility;		Review log
(ii) When a person is incapacitated, unconscious, or has threatened or inflicted harm on another person, staff shall make reasonable efforts to: (A) Take the person into protective custody; and (B) Transport the person to an appropriate treatment or health care facility.		Review log.
(3) Emergency service patrol staff must maintain a log including:		Review log for compliance with essential elements of this section.
(a) The time and origin of each call received for assistance;		
(b) The time of arrival at the scene;		
(c) The location of the person at the time of the assist;		
(d) The name and sex of the person transported;		

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(e) The destination of the transport and time of arrival; and		
(f) In case of non-pickup of a person, a notation shall be made about why the pickup did not occur.		
WAC 388-805-850 What are the requirements for treatment accountability for safer communities (TASC) providers and services?		
(1) A certified TASC provider must provide referral and case management services to each eligible patient and meet the requirements of:		
(a) WAC 388-805-001 through 388-805-210;		
(b) WAC 388-805-240, students;		
(c) WAC 388-805-260, volunteers;		
(d) WAC 388-805-300, clinical manual, subsections (1) through (6), (9) through (15), and (21)(a), (b), and (e);		
(e) WAC 388-805-305, patients' rights, subsections (1), (3), (4), (6), and (7);		
(f) WAC 388-805-310, assessments, subsections (1) through (6);		

WAC 388-805-850 WHAT ARE THE REQUIREMENTS FOR TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC) PROVIDERS AND SERVICES?

Page 85

<p>(g) WAC 388-805-315, treatment, continuing care, transfer, and discharge plans, subsections (1), (2)(a), (c), (d), (5), and (7) through (9);</p> <p>(i) A CDP, or a CDP trainee under supervision of a CDP, must substitute referral and case management plans for treatment plan requirements in WAC 388-805-315(1) and (2)(a);</p> <p>(ii) A CDP, or a CDP trainee under supervision of a CDP, must coordinate the referral of patients with the appropriate treatment provider for each identified problem, ensure they receive adequate treatment, and add new problems to the case management plan as they are identified;</p> <p>(iii) A CDP, or a CDP trainee under supervision of a CDP, must coordinate the continuing care plan of the patient with appropriate treatment providers; and,</p> <p>(iv) When transferring a patient to another treatment provider, a TASC provider will substitute a summary of the patient's progress toward each referral and case management goal.</p>	<p>(i) Case management plans should show patient involvement in the development of the plan.</p> <p>(ii) Refer to WAC 388-800-300(3) and 388-805-325(11). Documentation should support on-going evaluation of patient needs.</p> <p>(iii) Refer to WAC 388-805-315(2)(c)</p> <p>(iv) Refer to WAC 388-805-315(8) and (9)(b). The data should be sufficient to provide for continuity of care.</p>	<p>Review policy, procedures, and patient records.</p>
(h) WAC 388-805-320, patient record system;		Review policy and procedures.
(i) WAC 388-805-325, patient record content, subsections (1) through (4), (5) through (9), and (11) through (18);		Review policy and procedures
(j) WAC 388-805-330, reporting patient noncompliance; and		Review policy and procedures and patient records.

WAC TEXT	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
(k) WAC 388-805-350, outcomes evaluation.		
(2) A CDP, or a CDP trainee under supervision of a CDP, must assess and document the adequacy of each client's referral and case management plan and attainment of goals once each month.	Documentation should record progress in attaining case management goals, modifications in the case management plan when indicated, along with interventions necessary to assist patients in achieving goals.	Review patient records.

APPENDIX A: CHILD ABUSE AND NEGLECT REPORTING

What is Child Abuse?

The statute defines abuse or neglect as follows: *"Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child, by any person under circumstances which indicate that the child's health, welfare, and safety is harmed, excluding conduct permitted under RCW 9A.16.100. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.*" The Revised Code of Washington (RCW) 26.44.020(12)

Negligence is Further Defined.

"Negligent treatment or maltreatment" means an act or omission that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety. The fact that siblings share a bedroom is not, in and of itself, "negligent treatment or maltreatment." (RCW 26.44.020(15)).

Neglect is as Important as Abuse.

It is critical that chemical dependency treatment providers be familiar with, and report, any indicators, which cause them to suspect neglect, as well as abuse, of children or other dependents. Each year, more children die of neglect than of abuse. Neglect includes, but is not limited to, lack of medical care, lack of adequate food or clothing, as well as lack of supervision appropriate to the age and needs of the child(ren). Treatment providers should be alert to children being left alone or with unsuitable caretakers. Sometimes parents will rationalize leaving their children inadequately supervised, saying it is only while they (the parents) attend treatment sessions or support groups. Even though the parents may be engaged in productive activities, children should not be left with poor or no supervision. While abuse can be viewed as acts of commission, neglect tends to be acts of omission.

Who Should Report Suspected Child Abuse or Neglect?

Those required by RCW 26.44.030(1)(a) to report include, but are not limited to, practitioner, social service counselor, child care facility personnel, professional school personnel, registered or licensed nurse, and psychologist. Social service counselor includes chemical dependency counselors (RCW 26.44.020(8)). *The report shall be made at the first opportunity, but in no case longer than 48 hours after there is reasonable cause to believe that the child has suffered abuse or neglect.* (RCW 26.44.030(1)(d))

The law states, *"Every person who is required to make, or to cause to be made, a report pursuant to RCW 26.44.030 and 26.44.040, and who knowingly fails to make, or fails to cause to be made, such report, shall be guilty of a gross misdemeanor."* (RCW 26.44.080)

Reporting should be regarded as a request for an investigation into a suspected incident of abuse or neglect. A report does not necessarily constitute a proven fact - it is the raising of a question about the condition of a child. Making a report can be the beginning of a process that can help parents learn to care for and protect their own children.

To Whom Should a Report Be Made?

A report of suspected child abuse and neglect should be made by telephone, by letter, or in person to the local office of the Washington State Department of Social and Health Services, Division of Children and Family Services (DCFS), Child Protective Services (CPS), and/or to the local law enforcement agency where the child resides. If you are unsure of the telephone number of the local DCFS Child Protective Services office, call this 24-hour toll free number to receive the telephone number for the local Child Protective Services office: **1-800-562-5624**.

Confidentiality.

In August 1986, the federal confidentiality laws were amended to remove any restriction on compliance with state laws mandating the reporting of child abuse and neglect. In 1987, the regulations were also revised and now provide that they "do not apply to the reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities." 42 CFR, Part 2, §2.12(c)(6). All treatment programs must now strictly comply with the provisions of the mandatory child abuse reporting laws. However, the exemption for child abuse reporting applies only to initial reports of child abuse or neglect, and not to requests or even subpoenas for additional information or records, even if the records are sought for use in civil or criminal investigations or proceedings resulting from the program's initial report. Therefore, patient files must still be withheld from child protection agencies absent an appropriate court order or patient consent. 42 CFR, Part 2, §2.61-2.67

APPENDIX B: REPORTING ABUSE, NEGLECT, ABANDONMENT, AND FINANCIAL EXPLOITATION OF A VULNERABLE ADULT

What is a Vulnerable Adult?

The Revised Code of Washington (RCW) 74.34, Abuse of Vulnerable Adults, defines a vulnerable adult as follows: *“Vulnerable adult” includes a person (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) Found incapacitated under chapter 11.88 RCW; or (c) Who has a developmental disability as defined under RCW 71A.10.020; or (d) Admitted to any facility; or (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or (f) Receiving services from an individual provider (RCW 74.34.020(13)).* WAC 388-805-005 states: *“Vulnerable adult means a person who lacks the functional, mental, or physical ability to care for oneself.”*

What is Vulnerable Adult Abuse?

The statute defines abuse as follows: *“Abuse” means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult.* (RCW 74.34.020(2))

Neglect is Defined.

“Neglect” means (a) a pattern of conduct or inaction by a person or entity with a duty of care to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that avoids or prevents physical or mental harm or pain to a vulnerable adult; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult’s health, welfare, and safety. (RCW 74.34.020(9)).

Who Should Report Suspected Abuse, Neglect, Abandonment, or Financial Exploitation?

Those required by RCW 74.34.020(8) to report include, but are not limited to, individual provider, mental health, employee of a facility, operator of a facility, employee of a social service, professional school personnel, and health care providers. This includes chemical dependency counselors. *Mandated reporters shall immediately report to the department, any vulnerable adult who has suffered abuse, neglect, abandonment, or financial exploitation.* (RCW 74.34.035(1))

The law states, *“A person who is required to make a report under this chapter and who knowingly fails to make the report is guilty of a gross misdemeanor.”* (RCW 74.34.053(1))

To Whom Should a Report Be Made?

A report of suspected abuse, neglect, abandonment, or financial exploitation of a vulnerable adult should be made by telephone, by letter, or in person to the local office of the Washington State Department of Social and Health Services, Adult Protective Services (APS), and/or to the local law enforcement agency where the adult resides. If you are unsure of the telephone number of the local Adult Protective Services office, call the following DSHS Adult Protective Services Regional Numbers: Region 1: 1-800-459-0421. Region 2: 1-800-822-2097. Region 3: 1-800-487-0416. Region 4: 1-800-346-9257. Region 5: 1-800-442-5129. Region 6: 1-800-462-4957. Or a mandated reporter may call the Complaint Resolution Unit statewide at 1-800-562-6078.

APPENDIX C: CRIMINAL BACKGROUND CHECKS

Revised Code of Washington (RCW) 43.43 requires criminal background checks (CBC) when employing staff members in certain situations. Section 43.43.832 states: *"The Legislature finds that businesses and organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or licensees to hire or engage."* A CBC is also required by Washington Administrative Code (WAC) 388-805-200(2) for staff members, including volunteers and contractors, who may have unsupervised access to those persons designated above. RCW 43.43.834(5) limits background checks to initial hiring decisions and prohibits further dissemination or use of the record except as provided for in RCW 28A.320.155.

What is a Vulnerable Adult?

Revised Code of Washington (RCW) 74.34, Abuse of Vulnerable Adults, defines a vulnerable adult as follows: *"Vulnerable adult" includes a person (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) Found incapacitated under chapter 11.88 RCW; or (c) Who has a developmental disability as defined under RCW 71A.10.020; or (d) Admitted to any facility; or (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or (f) Receiving services from an individual provider (RCW 74.34.020(13)).* Washington Administrative Code (WAC) 388-805-005 states: *"Vulnerable adult means a person who lacks the functional, mental, or physical ability to care for oneself."*

What is recommended concerning CBCs for chemical dependency treatment providers?

1. Notify any prospective employee, volunteer, or contractor who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of employment, or involvement as a volunteer or contractor, about the CBC requirements.
2. Require the prospective employee, or volunteer, or contractor to sign an acknowledgment statement that a background check will be made.
3. Require the prospective employee, or volunteer, or contractor to sign a CBC disclosure statement consistent with RCW 43.453.834(2).
4. Notify the person about the results of the inquiry within ten days of receipt of the CBC results, and offer to provide a copy of the CBC report to the applicant.
5. Do not hire or retain, directly or by contract, any person who would have direct access to a vulnerable adult or children under sixteen years of age who was:
 - Convicted of a "crime against children or other persons" as defined in RCW 43.43.830, except as provided for in RCW 43.43.842.
RCW 43.43.842(2) permits providers to consider the criminal history of an applicant for employment in an agency when the applicant has one or more convictions for a past offense and the offense was simple assault, assault in the fourth degree, prostitution, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;
 - Convicted of a "crime relating to financial exploitation" as defined in RCW 43.43.830, except as provided for in RCW 43.43.842.
RCW 43.43.842(2) permits providers to consider the criminal history of an applicant for employment in an agency when the applicant has one or more convictions for a past offense and the offense was theft in the third degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment; the offense was theft in the second degree, or forgery, or the same offenses as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment.
 - Found in any disciplinary board final decision to have sexually abused or financially exploited a vulnerable adult.
 - Found by any court in a protection proceeding to have abused or exploited a vulnerable adult.
6. Maintain policies and procedures to ensure the following: disclosure statements and CBCs are initiated only for initial employment or engagement decisions, CBC information is maintained in a confidential manner, and that further dissemination or use of the CBC record is prohibited except as provided for in RCW 28A.320.155. Retain the disclosure statement and CBC documents in the person's personnel file, or record, in a sealed envelope labeled "Confidential Background Check Information," along with the effective date of the CBC and name of the person who reviewed the background check printed on the outside of the sealed envelope. **Call the WSP at (360) 705-5100 for CBC forms.** For a copy of the Background Check Resource Guide for DASA Certified and Contracted Agencies, August 2004, contact the Washington State Alcohol Drug Clearinghouse at <http://clearinghouse.adhl.org>.

APPENDIX D: REASONABLE SEARCHES

In February 1995, the Division of Alcohol and Substance Abuse (DASA) conducted a national survey to determine what other states did about strip searches, and what were "reasonable searches" to detect or prevent contraband from entering a chemical dependency treatment facility. The majority of respondents did not require or allow strip searches; some states did allow strip searches, but providers were allowed to develop their own policies and procedures (P&Ps) for doing so. Many states are concerned that strip searches violate civil rights and violate the patient's right to privacy. At the same time, they do search belongings and the environment when deemed necessary. None of the states reported a major issue with contraband, including drugs or weapons.

Some concerns relating to strip searches include:

- Stripping is often difficult and embarrassing for patients. Many youth and adult patients have a history of physical or sexual abuse. Disrobing may be emotionally disturbing and may trigger past traumas. Some youth may not be able to express these concerns at the time of the search.
- There are liability issues with a person disrobing in front of a staff member, even with a second staff member as a witness. Often staff are uncomfortable conducting these searches.
- Not all patients have strip searches done on them, even though they may be able to bring contraband into the agency. Conducting strip searches on only those who are new or who have run from the agency will not completely control contraband.
- If searches are done in the middle of the night, there may not be a witness available, and the rest of the unit may not be staffed.

Recommended policy and procedures:

1. Avoid strip searches. If they must be done, P&Ps to promote patient dignity, safety, and respect must be in place. **Contact the DASA Youth Specialist at (360) 438-8089** for consultation.
2. The P&Ps should address those youth who refuse a search, because of personal discomfort, but are willing to enter treatment.
3. In all cases, patients and families or guardians need to be informed at admission what the P&Ps are regarding searches. Sharing of this information needs to be documented in the patient record.
4. Personal belongings may be searched. Luggage, bags, boxes, coats, and extra clothing not being worn may be searched by a staff member at admission. The search can include looking in pockets, seams, cuffs, and so on. Items such as clocks, radios, lighters, wallets, and toiletry items may be examined for hidden caches. Items, which are not approved for use during treatment may be stored by staff members and then returned to the patient upon discharge. A record must be kept of personal items stored.
5. Patient clothing may be examined. The patient may be given a robe or sweat clothes, and be asked to disrobe, alone, in a bathroom or other room separate from the main living area, and which affords privacy. The patient will be asked to change clothes to that provided, then to give original clothes to staff members for inspection. This would include shoes and socks. The room where the patient disrobed should be checked for any hidden contraband.
6. If patients refuse to participate in the search, and there is reasonable suspicion regarding possession of contraband, the provider can elect to refuse admission. Patients considered to be a risk to the program, patients, and staff members may be asked to leave the premises. Police may be called, if needed.

APPENDIX E: WEB SITES

Adult Children of Alcoholics	http://www.adultchildren.org
Al-Anon/Alateen	http://www.al-non.alateen.org
Alcoholics Anonymous	http://www.aa.org
American Society of Addiction Medicine (ASAM)	http://www.asam.org
CARF...The Rehabilitation Accreditation Commission	http://www.carf.org
Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov/csap
Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov/centers/csat2002/csat_frame.html
Cocaine Anonymous	http://www.ca.org
Dual Recovery Anonymous - A 12 Step Program	http://draonline.org
Employee Assistance Professionals Association	http://www.EAP-Association.com
International Nurses Society on Addictions	http://www.nnsa.org
Legal Action Center	http://www.lac.org
Narcotics Anonymous	http://www.na.org
National Association for Children Of Alcoholics (NACoA)	http://www.nacoa.org/
National Association of Addiction Treatment Providers (NAATP)	http://www.naatp.org
National Association of Alcoholism and Drug Abuse Counselors	http://www.naadac.org

National Association of Drug Court Professionals (NADCP)	http://www.nadcp.org
National Association of State Alcohol and Drug Abuse Directors	http://www.nasadad.org
National Center for Tobacco Free Kids	http://www.tobaccofreekids.org
National Clearinghouse for Alcohol and Drug Information	http://www.health.org
National Council on Alcoholism and Drug Dependence	http://www.ncadd.org
National Institute on Alcohol Abuse and Alcoholism	http://www.niaaa.nih.gov
National Institute on Drug Abuse	http://www.nida.nih.gov
National Organization on Fetal Alcohol Syndrome	http://www.nofas.org
Northwest Frontier Addiction Technology Transfer Center	http://www.nfattc.org/
Oxford House	http://www.oxfordhouse.org
Partnership for a Drug-Free America	http://www.drugfreeamerica.org
Safe & Drug Free Schools Program	http://www.ed.gov/offices/OESE/SDFS
Secular Organizations for Sobriety	http://www.secularhumanism.org/sos
SMART Recovery	http://www.smartrecovery.org
State of Washington	http://access.wa.gov
The Federal Register (1994-Present)	http://www.access.gpo.gov/su_docs
The Joint Commission on Accreditation of Healthcare Organizations	http://www.jcaho.org
Washington State Alcohol/Drug Clearinghouse	http://clearinghouse.adhl.org/
Washington State Chemical Dependency Professional Jobline	http://www.CDPcertification.org

Washington State Code Reviser's Office	http://slc.leg.wa.gov
Washington State Council on Problem Gambling	http://www.wscpg.org
Washington State Department of Health, Chemical Dependency Professional Program	https://fortress.wa.gov/doh/hpqa1/HPS7
Washington State Department of Health, Tobacco Program	http://www.doh.wa.gov/tobacco
Washington State Department of Labor and Industries, WISHA Services	http://www.wa.gov/lni
Washington State Department of Licensing	http://www.wa.gov/dol
Washington State Department of Licensing, Business Applications and Procedures	http://www.wa.gov/dol/bpd/start.bus.htm
Washington State Department of Social and Health Services	http://www.wa.gov/dshs
Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse	http://www.wa.gov/dshs/dasa
Washington State Department of Social and Health Services, DSHS Forms and Records Management Services	http://www.wa.gov/dshs/dshsforms
Washington State Patrol	http://www.wa.gov/wsp/crime/crimhist.htm#info
Washington State, Office of the Secretary of State Corporation Division	http://www.secstate.wa.gov/corps
Women For Sobriety	http://www.womenforsobriety.org
Working Partners for an Alcohol- and Drug-Free Workplace	http://www.dol.gov/dol/workingpartners.htm

APPENDIX F: ACRONYMS AND ABBREVIATIONS

The following acronyms and abbreviations are used in the WAC Implementation Guide:

ACRONYMS/ABBREVIATIONS	STANDS FOR	ACRONYMS/ABBREVIATIONS	STANDS FOR
AA	Alcoholics Anonymous	FAE	Fetal Alcohol Effects
ACA	Adult Children Alcoholics	FAS	Fetal Alcohol Syndrome
ACOA	Adult Children of Alcoholics	FAS/FAE	Fetal Alcohol Syndrome /Fetal Alcohol Effects
ADA	American with Disabilities Act	FAX	Facsimile
ADATSA	Alcoholism & Drug Addiction Treatment & Support Act	FDA	Food and Drug Administration
ADIS	Alcohol/Drug Information School	FTE	Full-Time Equivalency
ADR	Abstract of Driving Record	IEEP	Individualized Education and Experience Plan
AG	Attorney General	IG	Interpretive Guideline
ARNP	Advanced Registered Nurse Practitioner	IHS	Indian Health Service
ASAM	American Society of Addiction Medicine	IOP	Intensive Outpatient Treatment
BBP	Bloodborne Pathogens	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
BCRG	Background Check Resource Guide	JRA	Juvenile Rehabilitation Administration
BRI	Brief Risk Intervention	L&I	Labor and Industries
CA	Cocaine Anonymous	LAAM	Levomethadyl Acetate Hydrochloride
CARF	The Rehabilitation Accreditation Commission	NA	Narcotics Anonymous
CBC	Criminal Background Check	NAADAC	National Association of Alcoholism and Drug Abuse Counselors
CD	Chemical Dependency	OP	Outpatient
CDC	Chemical Dependency Counselor (now called CDP)	OSPI	Office of the Superintendent for Public Instruction
CDCDS	County-Designated Chemical Dependency Specialist	P&P	Policies and Procedures
CDP	Chemical Dependency Professional	PAO	Probation Assessment Officer
CDP Trainee	Chemical Dependency Professional Trainee	PE	Physical Exam
CDPT	Chemical Dependency Professional Trainee	PO	Post Office
CE	Continuing Education	PPC	Patient Placement Criteria
CFR	Code of Federal Regulations	QSOA	Qualified Service Organization Agreement
CHINS	Child In Need of Services	RA	Regional Administrator
CI	Counselor Intern (now called CDP Trainee)	RCW	Revised Code of Washington
COA	Council on Accreditation for Children & Family Services	RTF	Residential Treatment Facility
CODA	Cocaine or Other Drug Anonymous or Co-Dependents Anonymous	STD	Sexually Transmitted Disease
CPR	Cardiopulmonary Resuscitation	TAP	Technical Assistance Publication
CPS	Child Protective Service	TIP	Treatment Improvement Protocols
DASA	Division of Alcohol and Substance Abuse	TB	Tuberculosis
DCFS	Division of Children and Family Services	TTY	Telecommunication Typewriter
DEA	Drug Enforcement Administration	WA	Washington State
DETOX	Detoxification or Detoxification Center	WAC	Washington Administrative Code
DOH	Department of Health	WIC	Women Infant Children
DOL	Department of Licensing	WIG	Washington Administrative Code Implementation Guide
DP	Deferred Prosecution	WISHA	Washington Industrial Safety and Health Administration
DSHS	Department of Social and Health Services	WSP	Washington State Patrol
DSM	Diagnostic and Statistical Manual		

ACRONYMS/ABBREVIATIONS	STANDS FOR	ACRONYMS/ABBREVIATIONS	STANDS FOR
------------------------	------------	------------------------	------------